



# Employment Data Sheet – Student Work-Study Program

**Student Name:** \_\_\_\_\_ **Student CR ID #:** \_\_\_\_\_  
Last First Middle

I understand and comply with the following work-study program requirements:

- Must be enrolled while employed
- District Work-Study – Minimum cumulative grade point average (GPA) is 2.0.
- Federal Work-Study – Meet Satisfactory Academic Progress (SAP) set by Financial Aid Office.

I understand that:

- I cannot be simultaneously employed under Federal Work-Study (FWS) and District Work-Study (DWS) programs.
- I cannot be simultaneously employed under FWS or DWS program and under the temporary classified service
- The employment opportunity is subject to availability of funds and this agreement does not constitute a guarantee of work for the entire semester and/or academic year; employment is subject to cancellation at any time.
- I will stop working immediately if I drop all units.

Do you have any relative(s) employed by the District?  Yes  No

If yes, name(s) and relationship(s): \_\_\_\_\_

Have you had a conviction for an offense other than traffic violations?  Yes  No

If yes, has it been cleared by the Director of Human Resources?  Yes  No

(Clearance is required prior to beginning employment. Failure to obtain clearance may be cause for dismissal.)

I declare that the information I have given is true and complete.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Department/Division Use Only

Requisition #: \_\_\_\_\_ Position Code: \_\_\_\_\_

Position Title:  Student Worker 1  Student Worker 2 Student Funding Request

Department/Division: \_\_\_\_\_  \$1,000

Location: \_\_\_\_\_  \$2,000

Supervisor: \_\_\_\_\_  \$3,000

Account Code: \_\_\_\_\_ Percent: \_\_\_\_\_

\_\_\_\_\_ Percent: \_\_\_\_\_

Authorized Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Aid Office Use Only

FWS Award Amount: \_\_\_\_\_

Authorized for:  Summer  Fall  Spring

Enrolled:  Summer  Fall  Spring

Meets SAP:  Summer  Fall  Spring

Ineligible

\_\_\_\_\_ FA Staff Authorization Signature \_\_\_\_\_ Date

### Human Resources Office Use Only

Category:

District 52315  Federal 52320

DSPS 52317  EOPS 52316

CalWorks 52319

Hourly Rate: \_\_\_\_\_

Approved Start Date HR Authorization