



FINANCIAL AID USE

*HR will not process without FA approval

Academic Year: _____
 Awarded FWS: Yes / No
 FWS Award Amount: \$ _____
 G.P.A. _____
 Units Enrolled: _____
 FA _____ SP _____ SU _____
 FA Staff Initials: _____

**MT. SAN JACINTO COLLEGE
 Student Employment Hire Slip**

A: Student Section SID #: _____ **New Hire** **Rehire** _____

			Employee ID #:
Last	First	MI	Job Posting #:

I understand that I must meet eligibility criteria for each term, be enrolled in at least 6 units each semester, and will work no more than 20 hours each week. I am responsible for monitoring my earnings so that I do not earn more than my most recent FWS award.

Student Signature	Date

B: Hiring Supervisor Section	FWS Budget Code: 12 _ 36 4101 0 _____ 0000 _ _ _ _
	Effective Date: _____ End Date: _____
Date of Hire: _____ End Date: _____	District Budget Code: _____ Effective Date: _____ End Date: _____
Supervisor's Name: _____	CW/Job Connect Budget Code: _____ Effective Date: _____ End Date: _____
Timesheet Monitoring Rep: _____	Categorical Grant Budget Code: _____ Effective Date: _____ End Date: _____
Department Name: _____	Special Assignment: LC Tutor _____ UB Tutor _____ SSP Peers _____ TS Tutor _____ Mentor _____ Intern _____ *Other _____ (Requires additional approval for use)
Campus Location: _____ Ext. _____	Rate of pay: \$16.00

I agree to hire the above student under the terms of the Student/Employer Agreement. I understand that the student must meet eligibility criteria for each term, be enrolled in at least 6 units each semester, and will work no more than 20 hours each week for more than 8 hours per day. I am responsible for monitoring my student's earnings so that they do not earn more than their most recent FWS award.

Supervisor's Signature	Date
Director/Dean Signature	Date
Financial Aid Approval (Only required for FWS students)	Date
Business Services Approval	Date