



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			New Hire: <input type="checkbox"/>	Rehire: <input type="checkbox"/>	Extension: <input type="checkbox"/>
Student ID #: _____		Employee ID #: _____			
Last _____	First _____	MI _____	Job Posting #: _____		
B: Hiring Manager 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: _____		
Hiring Manager: _____		CW/Job Connect Budget Code: _____			
Effective Date: _____			End Date: _____		
Timesheet Monitoring Rep: _____		Categorical Grant Budget Code: _____			
Effective Date: _____			End Date: _____		
Department Name: _____		Special Assignment: LRC Peer Tutor: <input type="checkbox"/> LRC EMBT: <input type="checkbox"/>			
LRC Greeter: <input type="checkbox"/> Library PRA: <input type="checkbox"/> CDEC Student Intern: <input type="checkbox"/>					
Campus Location: _____		Rate of pay: \$16.50			
<p>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.</p>					
Hiring Manager Signature			Date _____		
Director/Dean Signature			Date _____		
Financial Aid Administrator Approval			Date _____		
Business Services Approval			HR Received		