

<p>Student Assistant Election Request Check Off List for Continuing (No Break) Employee</p>
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| <input type="checkbox"/> Board Election Complete |
| a. Top Portion Filled Out Completely |
| b. Budget Officer Signature |
| c. All Appropriate Signatures |
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STUDENT ASSISTANT ELECTION REQUEST

Work Location: ☐ District Office ☐ Evergreen Valley ☐ San Jose City ☐ Off Campus: _____
(i.e. CalWORKs)

- ☐ Student Trustee ☐ Student Mentor
☐ Student Assistant (\$19.15/hour) ☐ Athletics Lab Assistant (\$19.15/hour)
☐ Classroom/Lab Tutor (\$19.15/hour) ☐ Athletics Event Assistant (\$19.15/hour)
☐ Community Service Officer Cadet ☐ Athletics Office Assistant (\$19.15/hour)

For Off Campus Workstudy Use Only

Student Assistant (\$19.15/hour) Rate of Pay: \$ _____/hour

Program: ☐ College Work Experience Program ☐ FWS Student Assistant I (\$19.15/hour) ☐ CalWORKs Student Assistant I (\$19.15/hour)
☐ FWS Student Assistant II (\$20.15/hour) ☐ CalWORKs Student Assistant II (\$20.15/hour)

Employee Information: (Verify most current information)

Legal Last Name _____ Legal First Name _____ Legal M.I. _____ Employee ID # _____ Position ID _____
 _____ ☐ Cell ☐ Home
 Address (Street, City, State, Zip) _____ Social Security # _____
 Gender: ☐ Male ☐ Female 1. Previously on District payroll? ☐ Yes ☐ No If yes, when? _____
 Birthdate: _____ 2. Relatives in employment by District? ☐ Yes ☐ No
 If yes, names: _____
 Department: _____ 3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? ☐ Yes ☐ No If yes, what dept/title? _____
 4. Currently an International Student? ☐ Yes ☐ No

Units Load: _____ Semester: _____ Year: _____

Will be taking classes during the summer/intersession? ☐ Yes ☐ No If yes, must check one:

☐ Enrolled in the previous semester in a minimum of 6 units. ☐ Not enrolled in the previous semester in a minimum of 6 units or dropped below 6 units in the previous semester.

Position Information:

Start Date: _____ End Date: _____ Work Schedule: _____
 Hours/Days: _____ Hours/Week: _____ (Attach work schedule)

Specific Job Duties (Must be completed)

Required Employment Documents for New or Returning Employees (if more than one year since employed)

Also required for International Students:

- ☐ I-9 ☐ DE4/W4 ☐ Copy of Acceptable Documents from List A or B & C from Form I-9 ☐ Applicant Employee Survey
☐ Employment Information Form ☐ Payroll Information Form ☐ Documents Already on File
☐ Personal Date Report Form ☐ Workers' Comp Physician Form
☐ I-94, I-20, Visa and Valid Passport Bio

Account Information:

Account #: _____ %: _____
 Account #: _____ %: _____

Employment Authorization:

Election Request Prepared By: _____ Date: _____
 Name of Supervisor: _____ Signature: _____ Date: _____
 Area Admin/Dean: _____ Signature: _____ Date: _____
 Academic/Admin. Svs/Budget Officer: _____ Signature: _____ Date: _____

Human Resources Processing:

Approved By: _____ Processed By: _____ BE Date: _____

Notes: _____
 Position ID (For Timesheet): _____ Rate of Pay: \$ _____/hour