



HUMAN RESOURCES SERVICES GROUP

■ 40 South Market St. ■ San José, CA 95113

408-270-6406 ■ 408-239-8825 (fax)

## **Student Assistant Election Request Check Off List for Continuing (No Break) Employee**

<input type="checkbox"/> Board Election Complete
a. Top Portion Filled Out Completely
b. Budget Officer Signature
c. All Appropriate Signatures

**OFFICE OF HUMAN RESOURCES****STUDENT ASSISTANT ELECTION REQUEST**

**Work**  District Office  Evergreen Valley  San Jose City  Off Campus: \_\_\_\_\_

**Location:** \_\_\_\_\_ (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

Birthdate: \_\_\_\_\_

Department: \_\_\_\_\_

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  
 Documents Already on File

Employment Information Form

Personal Data Report Form

Payroll Information Form

I-94, I-20, Visa and Valid Passport Bio

Workers' Comp Physician Form

**Account Information:**

Account #: \_\_\_\_\_

%: \_\_\_\_\_

Account #: \_\_\_\_\_

%: \_\_\_\_\_

**Employment Authorization:**

Election Request Prepared By:

Print Name

Date: \_\_\_\_\_

Name of Supervisor:

Print Name

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Area Admin/Dean:

Print Name

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Academic/Admin. Svcs/Budget Officer:

Print Name

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name

**Human Resources Processing:**

Approved By: \_\_\_\_\_

Processed By: \_\_\_\_\_

BE Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Position ID (For Timesheet): \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ /hour