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| <p style="text-align: center;">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 |
| |

STUDENT ASSISTANT ELECTION REQUEST

Work Location: District Office Evergreen Valley San Jose City
 Off Campus: _____
 (i.e. WIN/CalWorks)

Student Trustee Student Mentor (\$18/hour) Athletics Lab Assistant (\$18/hour)
 Student Assistant (\$18/hour) Tobacco Peer Educator (\$18/hour) Athletics Event Assistant (\$18/hour)
 Classroom/Lab Tutor (\$18/hour) Student Services Runner (\$18/hour) Athletics Office Assistant (\$18/hour)
 Community Service Officer Cadet (\$18/hour) Camp Aide Student Assistant (\$18/hour)

For Off Campus Workstudy Use Only

Student Assistant (\$18/hour)
 Rate of Pay: \$ _____ /hour

Program: College Work Experience Program FWS Student Assistant I (\$18/hour) WIN/CalWorks (\$18/hour)
 FWS Student Assistant II (\$19/hour) LAEP (\$18/hour)

Employee Information: (Verify most current information)

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|---|---|------------|---|--|
| Legal Last Name | Legal First Name | Legal M.I. | Employee ID # | Position ID |
| Address (Street, City, State, Zip) | | | Social Security # | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | Phone Number | <input type="checkbox"/> Cell <input type="checkbox"/> Home |
| Birthdate: _____ | 1. Previously on District payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, when? _____ | |
| Department: _____ | 2. Relatives in employment by District? If yes, name(s): _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Units Load: _____ Semester: _____ Year: _____ | 3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. Currently an International Student? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will be taking classes during the summer/intercession? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, must check one: <input type="checkbox"/> Enrolled in the previous semester in a minimum of 6 units. | |
| | | | <input type="checkbox"/> 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 calendar)

Specific Job Duties (Must be completed):

Required Employment Documents for New or Returning Employees than one year since employed) I-9 DE4W4 Copy of Acceptable Documents from List A or B & C from Form I-9 Applicant Employee Survey
 Also required for International Students: Employment Information Form Personal Data Report Form Payroll Information Form Documents Already on File
 I-94, I-20, Visa, and Valid Passport Bio Page Workers' Comp. Physician Form

Account Information:

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

Employment Authorization:

Election Request Prepared by: _____ Date: _____
 Name of Supv: _____ Signature: _____ Date: _____
 Area Admin/Dean: _____ Signature: _____ Date: _____
 Academic/Admin. Svs./Budget Officer: _____ Signature: _____ Date: _____
 Print Name

Human Resources Processing: Approved By: _____ Processed By: _____ BE Date: _____ App/Docs on File: _____