MSJC
Mt. San Jacinto College

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: **$15.50**
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

Rev. 1/2023 **Distribution copies to: Financial Aid, HR, Payroll, Employing Dept., Job Connect (if applicable)**