

## FINANCIALAIDUSE

\*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 H	lire:		Rehire:	Extension:
Student ID #:		Employ	yee ID #:		
Last First	MI	Job Pos	sting #:		
		-			
<b>B:</b> Hiring Manager Section		FWS B	udget Code	:12 36 4101 0	0000
		Effectiv	e Date:		End Date:
Date of Hire: End Date:	4-1	District	Budget Co	de:	
	le:	Effectiv	ve Date:		End Date:
II		CW/Job Connect Budget Code:			
Hiring Manager:	Effectiv	e Date:		End Date:	
		Categor	ical Grant E	Budget Code:	
Timesheet Monitoring Rep:	Effectiv	e Date:		End Date:	
Department Name:		Special	Assignmen	t: LRC Peer Tutor:	LRC EMBT:
		LRC Gr	eeter:	Library PRA:	CDEC Student Intern:
Campus Location: Rate of			pay: <b>\$16.5</b>	0	
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.					
Hiring Manager Signature			Date		
Director/Dean Signature			Date		
Financial Aid Administrator Approval			Date		
Business Services Approval			HR Recei	ved	