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|------------------------------------|-------------------|-----------------|--------|--|--|
| Funding Source(s)                  | :                 | Earn Type(s): _ |        |  |  |
| District Paid:                     | Categorical Paid: | Work \$         | Study: |  |  |

Revised: 11/29/2022

## STUDENT EMPLOYMENT CONFIRMATION

| Student Name:  |                     | Colleague ID:       |  |                              |  |
|--|---------------------|---------------------|--|------------------------------|--|
| Job Duties:  |                     |                     |  |                              |  |
| Student employees are placed on Step 1 a   | nd will move to t   | he next step afte   | r having completed or                    | ne (1) year in the position. |  |
| Rates Effective: 01/01/23 – 12/31/23<br>Rates Effective: 01/01/24 – 12/31/24   | \$15.50<br>\$16.00  | \$15.75<br>\$       | \$16.00                                  |                              |  |
| Number of hours scheduled to work per week:  |                     |                     | _ (Maximum of 20)                        |                              |  |
| Budget Account:  |                     | (%)                 | Position ID:                             |                              |  |
| Budget Account:  |                     | (%)                 | Position ID:                             |                              |  |
| Federal Work Study Award Amount: \$ Financial Aid Approval:  |                     |                     |  |                              |  |
| Dates of Employment: Beginning:  |                     |                     | Ending:                                  |                              |  |
| Signature of Employing Supervisor - Also Please  | Print               | Colleague ID        | Office Phone                             | Date                         |  |
| Signature of Dean/Director – Also Please Print   |                     | Colleague ID        | Office Phone                             | Date                         |  |
| Name of Time Card Approver   |                     | Colleague ID        | Office Phone                             | Date                         |  |
| ******** Mailing Address:  | * TO BE COMPL       | ETED BY STUDE       | NT * * * * * * * * * * * * * * * * * * * | *                            |  |
| P.O. Box/S   | treet Number        | City                | State                                    | z Zip                        |  |
| Telephone:   | Social Secur        | rity Number:        |  |                              |  |
| Total number of units currently enrolled:  | (Minimum            | units required: Reg | ular Semester 6 Units — S                | ummer Session 3 Units)       |  |
| I understand that I must have a Student app<br>YCCD Marketplace Coverage Options and employment to be official. I have read the e<br>herein. | CalPERS Exclusion   | on form on file wit | h the Office of Human                    | Resources in order for my    |  |
| I understand that as a student employee I a Insurance(Student initials)  | m not entitled to a | any health and we   | lfare benefits, other tha                | n Workers' Compensation      |  |
| Signature:   | Date:               |                     |  |                              |  |