



El Camino College District

2018-19 Federal Work Study (FWS)

Student Payroll Authorization

Hiring Instructions and conditions of employment

1. Verify student's eligibility by requesting a FWS Approval Form (Approval forms are emailed to eligible students).
2. Complete, sign and return to the Financial Aid Office for approval.
3. Refer student to the Human Resources (HR) Office to complete hiring paperwork.
4. Wait to receive a copy of this form and/or approval from HR before allowing employees to work.
5. Allow five (5) working days for processing time; however, there may be delays due to Live Scan results.
6. Contact student after receiving approval from HR and allow student to work.
7. Employers/Departments agree to refund The FWS program any overages earned by their employees.

Student/Employee Information

ECCID# _____ MyECC E-mail _____

Last Name _____ First Name _____ M.I. _____

Mobile Phone # (_____) _____ Home Phone # (_____) _____

Mailing Address: _____

Have you worked at El Camino College before? Yes _____ No _____

Terms and Conditions of Employment

Students are required to meet the following conditions to work/participate in the program. On and Off Campus employers (supervisors) agree to supervise their employees and enforce the following applicable requirements.

- Students must enroll and continue enrollment in at least six units (fall and spring) and 3 units for summer (any session)
- Students are limited to work 20 hours per week while classes are in session and no more than 8 hours a day
- Students are required to stop working once they have earned their full award
- Students and supervisors are required to complete and submit timesheets by the 19th of every month
- Students and supervisors are required to monitor total awards and earnings to avoid overages

Student Employee's Signature _____ Date _____

Department Information (incomplete forms will not be processed)

Supervisor/Contact Person _____ Dept/Agency _____

Print full name

Address (Off Campus Location only) _____

FWS Award amount \$ _____ Phone _____ Email _____

Student's Job Title (choose one) SW I \$11.00-11.50; SW II \$12.00-12.50; SW III \$13.00-13.50; SW IV \$14.00-14.50;

SW V \$15.00-15.50 Rate of Pay \$ _____ Hrs/week _____

Dean/Director's Signature (required) _____ Date _____

Print Name _____

Financial Aid Office Use Only

FWS Account Code 12-52320-00646000-7621

Financial Aid Signature _____ Date approved _____