El Camino College District
2014-15 Federal Work Study (FWS)
Student Payroll Authorization

Hiring Instructions

1. Verify student's eligibility by requesting a FWS Approval Form (Approval forms are emailed to eligible students).
2. Complete, sign and **return this form to the Financial Aid Office** for approval. Please **DO NOT** send this form to HR.
3. Refer student to the Human Resources Office to complete hiring paperwork paperwork/Live Scan.
4. Wait to receive a copy of this form with all appropriate signatures before allowing students to work.
5. Contact student after receiving approval from HR and allow student to work.
6. Allow 5 working days for processing time; however, delays may occur due to Live Scan problems.

Employee Information

ID#_____ Social Security Number _____E-mail _____

Name _____ Phone No. (_____)_____
(Please Print)   Last   First   M.I.

Mailing Address:_____
                        Street   City   Zip Code

Have you worked at El Camino College before? Yes_____ No_____

Are you a U.S. citizen?   Yes _____No _____ If no, Alien Registration No. _____

Conditions of Employment

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

- Students must enroll and continue enrollment in at least 6 units of each semester they intend to work.
  (Students' enrollment status is subject to verification by the Financial Aid Office at any time.)
- 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 earnings to avoid overages.
- Employers agree to refund any overages earned by their employees.

Department Information

Supervisor/Contact Person _____Dept/Agency_____
                                    Print full name
Address (Off Campus Location only)_____
                                    Street   City   zip
Phone_____ Email_____ Student Job Title _____(required)

FWS Award amount $_____ Hrs/Week_____   Rate of Pay $ _____   Pay Location_____

Employee's Signature_____ Date_____

Dean/Director's Signature (required) _____Date_____

Print Name _____

Financial Aid Office Use Only

_____   12-52320-00646000-7621

Financial Aid Signature _____Approved to work on _____

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