



El Camino College District

2015-16 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/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 _____ MyECC E-mail _____

First _____ MI _____ Last _____ Phone No. (____) _____

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. By signing this form you and your supervisor are agreeing to the terms and condition listed here.

- 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 _____

Phone _____ Print full name _____ Email _____

Job Title SW1 SW2 SW3 SW4

FWS Award amount \$ _____ Hours/Week _____ Rate of Pay \$ _____ Pay Location _____

Employee's Signature _____ Date _____

Dean/Director's Signature _____

Print _____ Date _____

Financial Aid Office Use Only

Federal Work Study account: 12-52320-00646000-7621

Financial Aid Signature _____ Approved to work on _____