



El Camino College District

2017-18 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 this form to Luis Mancía (SSVC 209)** for approval.
3. Refer student to the Human Resources (HR) Office (Communications - Room 204) 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 \$10.50; SW II \$11.00-11.50; SW III \$12.00-12.50; SW IV \$13.00-13.50;

SW V \$14.00-14.50 or SW VI \$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 _____