



# El Camino College District

## 2016-17 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 the Financial Aid Office** for approval. Please **DO NOT** send this form to HR.
3. Refer student to the Human Resources (HR) Office to complete hiring paperwork.
4. Wait to receive a copy of this form with all appropriate signatures or HR approval before allowing students to work.
5. Allow five (5) working days for processing time; however, it may be longer due to Live Scan delays.
6. Contact student after receiving approval from HR and allow student to work.
7. Employers/Departments agree to refund any overages earned by their employees.

### Employee Information

ECCID# \_\_\_\_\_ MyECC E-mail \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Mobile 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 19<sup>th</sup> of every month
- Students and supervisors are required to monitor total awards and earnings to avoid overages

Student Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department Information

Supervisor/Contact Person \_\_\_\_\_ Dept/Agency \_\_\_\_\_

Print full name

Address (Off Campus Location only) \_\_\_\_\_

FWS Award amount \$ \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Student's Job Title (circle one) SW1, SW2, SW3, SW4 or SW5      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 \_\_\_\_\_