



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, there may be delays due to Live Scan.
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 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

Supervisor/Contact Person _____ Dept/Agency _____

Print full name

Address (Off Campus Location only) _____

FWS Award amount \$ _____ Phone _____ Email _____

[Pay rates: SW1 \$10-10.50; SW2 \$11-11.50; SW3 \$12-12.50; SW4 \$13-13.50; SW5 \$14-14.50; SW6 \$15-15.50]

Student's Job Title (circle one) SW1, SW2, SW3, SW4, SW5 or SW6 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 _____