



HARTNELL COLLEGE

STUDENT EMPLOYMENT AUTHORIZATION LEARNING-ALIGNED EMPLOYMENT (LAEP) 2023-2024

- { } New Hire
- { } Continuing; New assignment
- { } Continuing in same assignment

Authorization Period (check only one): _____ FALL 2023 (Jul - Dec) _____ SPRING 2024 (Jan - June) _____ SUMMER 2024 (June - Aug)

I. STUDENT'S INFORMATION: Student ID: _____ DOB: _____

Last Name (must match social security card) First Name Middle Name Social Security Number

Mailing Address City State Zip Code Email address (@student.hartnell.edu preferred)

(_____) _____
Phone Number Current Cumulative GPA # of Units Enrolled

STUDENT CERTIFICATION: My signature indicates my agreement to the following:

1. Maintain enrollment in at least 6 units during the fall and/or spring semesters; **I will notify my supervisor if I drop below 6 units.**
2. Maintain a minimum 2.00 GPA each Term and Overall GPA.
3. Notify my supervisor immediately if I'm placed on Financial Aid Disqualification (Suspension).

STUDENT SIGNATURE: _____ **Date:** _____

II. EMPLOYMENT DATA:

Job Title: _____ Dept./Area: _____
Ex. Student Ambassador Ex. Tutorial Center

Work Schedule hours: M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____ Total Hours per Week: _____
(NOT to exceed 20 hours/wk.)

Level: Student Worker: _____ Step: _____ Hourly Rate*: \$ _____
I, II, III, or IV A, B, C, or D **New salary Hourly Rates as of Jan 1, 2023, and then new as of Jan 1, 2024.*

DEPARTMENT CERTIFICATION:

I agree to provide training, supervision, not to exceed the maximum hours of work allowed, and to monitor the student's earnings and enrolled unit level during each semester. It is the supervisor's responsibility to ensure the student stays within their allocation. If the student works more hours than the allocation permits, the Department will be responsible for any difference in costs.

NO STUDENT CAN BEGIN WORK UNTIL HR HAS APPROVE THE HIRING PAPERWORK AND NOTIFY THE SUPERVISOR

Attendance Advisor Name: _____ Ext: _____

Worker Supervisor Name: _____ Ext: _____

MANAGER'S Signature: _____ **Date:** _____

III. FINANCIAL AID OFFICE USE ONLY:

 NEW AWARD REVISED AWARD

Effective START Date: _____ Effective END Date: _____

LAEP : 100% Budget # 12-420-00-647004-52350 \$ _____

Units Enrolled: _____ Cumulative GPA: _____
SAP Status: Good Probation FA File Complete

TOTAL LEAP Allocation \$: _____

TOTAL # of hours student can work for the time frame indicated above: _____ hrs.

F.A./LAEP AUTHORIZATION: _____ **Date:** _____

IV. HUMAN RESOURCES OFFICE USE ONLY:

- | | | | |
|---|--|---|------------------|
| <input type="checkbox"/> Employment Authorization | <input type="checkbox"/> Worker's Comp: Pre-Designation of Physician | <input type="checkbox"/> W-4 Form | Colleague: _____ |
| <input type="checkbox"/> Job Description | <input type="checkbox"/> Warrant(s) Recipient/Emergency Contacts | <input type="checkbox"/> Copy of Social Security Card | MCOE: _____ |
| <input type="checkbox"/> Application | <input type="checkbox"/> Standards of Employment | <input type="checkbox"/> Automatic Deposit (optional) | Board: _____ |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> Student Employee Personal Info | <input type="checkbox"/> Covid-19 Vaccination | Payroll: _____ |

HR AUTHORIZATION: _____ **Date:** _____