**Feather River Community College**

On-Campus Student Employee Hire Form

 **Approved Start Date: ­­­­­­\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_**

 **Revision Date: ­­­­­­\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **EMPLOYMENT REQUEST and CANDIDATE INFORMATION Revision Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Name:**       | **Banner ID:**       | **Email:**      @frc.edu |
| **Address:**       | **Phone:**      -     -      |
| **Department:**       | **Supervisor:**       |
| **Position Title:** Student Assistant/Part-Time/Temporary  | **Total Hours Requested:**       |
| **Desired Employment Period From:**       **To:**       |

***Email to Human Resources and the Director of Financial Aid***

**=================================================================================================**

1. **FINANCIAL AID OFFICE CERTIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Department** | **Budget Codes** | **Approved Hours** | **$ Value** | **Sequence** |
| **New Employee:** [ ]  |  |      -     -     -      |       | $      |       |
| **Re-Employment:** [ ]  |  |      -     -     -      |       | $      |       |
| **Hourly Rate:** $15.00 |  |      -     -     -      |       | $      |       |
| **Enrolled in at least 6 units:**  [ ]  Fall [ ] Spring |  |      -     -     -      |       | $      |       |

I certify that sufficient funds are available, and that said funds will be monitored to provide the required funding for the employment period.

Financial Aid Authorization by Date

**=================================================================================================**

**3. CANDIDATE ACCEPTANCE/AGREEMENT**

**I accept the above-referenced assignment, duration, and rate of pay. I understand that any work performed prior to the approved start date above will be voluntary and I will not be paid. I further understand that my employment is at will. I can terminate my employment at any time and Feather River College can terminate my employment at any time.**

Signature Date

**4. SUPERVISOR ACCEPTANCE/AGREEMENT**

I recommend the above hiring action and certify that the above applicant meets the minimum requirements for the position. **I WILL NOT ASSIGN WORK PRIOR TO THE APPROVED START DATE ABOVE**. If work begins (without the completion of a voluntary form) prior to the date above, I will be subject to disciplinary action.

Signature Date

**=================================================================================================**

**5. PERSONNEL CERTIFICATION/EQUAL EMPLOYMENT OFFICER**

I certify that all necessary paperwork pertaining to the above hiring action has been completed and is on file in the Personnel office and that all hiring guidelines, screening procedures, and policies have been adhered to. I certify that the above hiring action meets applicable Equal Employment Opportunity guidelines and regulations

Signature Date