



2024/2025 Student Employment Action Form

Funding Source

- Funding Source options: Ed. Assistant, Department Funded, Federal Work-Study, LAEP, CalWORKs, International Student (Department Funded Required)

Hiring Department: _____ *If your department isn't listed, please type it in.

1. Student's Last Name: _____ Student's First Name: _____

1a. Student's Preferred Name: _____

2. Student's ID #: _____

4. Student Aide Level: _____

3. Pay Rate (Refer to list of job titles):\$ _____

5. Job Title: _____

5. Mark appropriate Employment Type:

New Hire- a student that has never worked as a student employee through RCCD.

Rehire- a student, who has previously worked for the Student Employment Office, has completed an assignment or has been dismissed and is re-applying.

Answer the following to determine "Rehire" status:

- Has the student ever worked through the Student Employment Office? Yes No
Is the student currently working? (If yes see the Add & Transfer sections below)

Add Budget- a student currently working in a department and the supervisor wishes to add or change funding sources.

Add Dept- a student currently working in a department who wishes to seek employment in an additional department.

Transfer- a student who wants to end his/her current job in a department and work in a new department.

- What hiring site is the student transferring from?

6. Complete Funding Source below:

Federal Work Study - Please mark the appropriate program budget codes:

- On Campus Department: 12-EZE-1190-0-7091-0304-2331 (75%)
Community Service: 12-EZE-1190-0-7091-0300-2331 (75%)
CalWORKs: 12-ECW-1190-0-6020-4367-2331(75%)
Reading Tutor: 12-EZE-1190-0-7091-0301-2331 (100%)
Math Tutor: 12-EZE-1190-0-7091-0302-2331(100%)
Literacy: 12-EZE-1190-0-7091-0303-2331(100%)

Learning Aligned Employment Program- Please mark the appropriate program budget codes:

- On Campus Department: 12-EZE-1190-0-7091-0197-2331 (100%)
Non-Profit Employer/Public Schools: 12-EZE-1190-0-7091-0198-2331 (90%)
For-Profit Employer: 12-EZE-1190-0-7091-0199-2331(50%)

Department Funded- Provide budget code(s): (object codes must be 2331 for non-instructional or 2430 for instructional)

- 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

Supervisor's Name: _____ Phone #: _____ x _____

Supervisor's Signature: _____ Date: _____

Dean, Dept Chair, DirectorSignature: _____ Date: _____
(If required)

NEXT PAGE IS FOR STUDENT EMPLOYMENT OFFICE USE ONLY.

NORCO COLLEGE

Student Employment

Budget Control Slip

NEW HIRE REHIRE ADD BUDGET ADD DEPT TRANSFER ED. ASSISTANT

Student Employee's Information:

Name: _____
Last Name First MI

Preferred Name: _____

Social Security #: _____ Student ID#: _____ Norco Home College

Units/Term (at time of hire): _____ FAL WIN SPR SUM CGPA: _____ Probation

Hiring Site: _____ Pay Rate: _____

FWS Budget Information:

- | | | |
|---|------------------------------|--------|
| <input type="checkbox"/> On Campus: | 12-EZE-1190-0-7091-0304-2331 | (75%) |
| | 12-EZE-1190-0-6460-0304-2331 | (25%) |
| <input type="checkbox"/> Community Service: | 12-EZE-1190-0-7091-0300-2331 | (75%) |
| | 12-EZE-1190-0-6460-0300-2331 | (25%) |
| <input type="checkbox"/> Reading Tutor: | 12-EZE-1190-0-7091-0301-2331 | (100%) |
| <input type="checkbox"/> Math Tutor: | 12-EZE-1190-0-7091-0302-2331 | (100%) |
| <input type="checkbox"/> Literacy: | 12-EZE-1190-0-7091-0303-2331 | (100%) |
| <input type="checkbox"/> CalWORKs: | 12-ECW-1190-0-6020-4367-2331 | (75%) |
| | 12-EZE-1190-0-7091-0305-2331 | (25%) |

CalWORKs Funded (ONLY):

Amount: _____ Total Hours: _____

LAEP Budget Information:

- | | | |
|---|------------------------------|--------|
| <input type="checkbox"/> On Campus: | 12-EZE-1190-0-7091-0197-2331 | (100%) |
| <input type="checkbox"/> Non-Profit/
Public Schools: | 12-EZE-1190-0-7091-0198-2331 | (90%) |
| | OFF CAMPUS ORGANIZATION | (10%) |
| <input type="checkbox"/> For-Profit: | 12-EZE-1190-0-7091-0199-2331 | (50%) |
| | OFF CAMPUS ORGANIZATION | (50%) |

Financial Aid Information:

FA Status : _____

Award Date : _____

FWS Award: \$ _____

FWS Hours: _____

Transferring or Adding Depts:

FWS Balance \$ _____

FWS Hours: _____

If INELIGIBLE After Hire Date:

Ineligible Date: _____

Appeal Approved Date: _____

Appeal Denied Date: _____

FA Status : _____

Award Date : _____

LAEP Award: \$ _____

LAEP Hours: _____

Transferring or Adding Depts:

LAEP Balance \$ _____

LAEP Hours: _____

If INELIGIBLE After Hire Date:

Ineligible Date: _____

Appeal Approved Date: _____

Appeal Denied Date: _____

Galaxy Information:

EMPLOYEE #: _____

Hire Date: _____

All Student Employee's

Position End Date is **June 30, 2025**

Dismissal Form attached (if student employee was dismissed prior to End Date).

Last Day Worked: _____

TB Entered

Exam Date: _____

Expiration Date: _____

FHC Entered

Exam Date: _____

Expiration Date: _____

Reimbursements:

TB

Amount Reimbursed: \$ _____

Payroll Date Paid: _____

FHC

Amount Reimbursed: \$ _____

Payroll Date Paid: _____

LIVESCAN

Amount Reimbursed: \$ _____

Payroll Date Paid: _____

Uniform

Amount Reimbursed: \$ _____

Payroll Date Paid: _____

Batch

Approved Date: _____

COMMENTS: _____

Department Budget Information:

Hiring Site: _____

Budget Codes:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Transfer Information:

Original Hiring Site: _____

Budget Information: FWS Funded LAEP Funded CalWORKs Funded Department Funded