



2025/2026 Student Employment Action Form

Funding Source

- ☐ Ed. Assistant
- ☐ Department Funded
- ☐ Federal Work-Study
- ☐ CalWORKs
- ☐ International Student

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%) |
| | 12-EZE-1190-0-6460-0304-2331 (25%) | | 12-EZE-1190-0-6460-0300-2331 (25%) |
| ☐ CalWORKs: | 12-ECW-1190-0-6020-4367-2331(75%) | ☐ Reading Tutor: | 12-EZE-1190-0-7091-0301-2331 (100%) |
| (25% FWS Match) | 12-EZE-1190-0-7091-0305-2331 (25%) | | |
| ☐ Math Tutor: | 12-EZE-1190-0-7091-0302-2331(100%) | ☐ Literacy: | 12-EZE-1190-0-7091-0303-2331(100%) |

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, Director Signature: _____ Date: _____
(If required)

**NEXT PAGE IS FOR STUDENT
EMPLOYMENT OFFICE USE ONLY.**

NORCO COLLEGE

2025/2026 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:

- ☐ On Campus: 12-EZE-1190-0-7091-0304-2331 (75%)
12-EZE-1190-0-6460-0304-2331 (25%)
- ☐ Community Service: 12-EZE-1190-0-7091-0300-2331 (75%)
12-EZE-1190-0-6460-0300-2331 (25%)
- ☐ 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%)
- ☐ CalWORKs: 12-ECW-1190-0-6020-4367-2331 (75%)
12-EZE-1190-0-7091-0305-2331 (25%)

CalWORKs Funded (ONLY):

Amount: _____ Total Hours: _____

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: _____

Galaxy Information:

EMPLOYEE #: _____

Hire Date: _____

All Student Employee's

Position End Date is June 30, 2026

☐ 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 Department Funded CalWORKs Funded Ed. Assistant