



*Office of People & Culture use only*

Funding Source(s): \_\_\_\_\_ Earn Type(s): \_\_\_\_\_  
 District Paid: \_\_\_\_\_ Categorical Paid: \_\_\_\_\_ Work Study: \_\_\_\_\_

## STUDENT EMPLOYMENT CONFIRMATION

Student Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Student employees will begin at the applicable California minimum wage. Eligibility for a pay increase after one year of service will be determined by the appropriate Dean and contingent upon the availability of departmental funds.

Rates Effective: 01/01/24 – 12/31/24    \$16.00    \$16.25    \$16.50    \$16.75    \_\_\_\_\_  
other amount

Number of hours scheduled to work per week: \_\_\_\_\_ (Maximum of 20)

Budget Account: \_\_\_\_\_ (\_\_\_\_%)    Position ID: \_\_\_\_\_

Budget Account: \_\_\_\_\_ (\_\_\_\_%)    Position ID: \_\_\_\_\_

Federal Work Study Award Amount: \$ \_\_\_\_\_    Financial Aid Approval: \_\_\_\_\_

Dates of Employment: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Signature of Employing Supervisor - Also Please Print    Colleague ID    Office Phone    Date

Signature of Dean/Director – Also Please Print    Colleague ID    Office Phone    Date

Name of Time Card Approver    Colleague ID    Office Phone    Date

\*\*\*\*\* TO BE COMPLETED BY STUDENT \*\*\*\*\*

Mailing Address: \_\_\_\_\_  
P.O. Box/Street Number    City    State    Zip

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Total number of units currently enrolled: \_\_\_\_\_ (Minimum units required: Regular Semester 6 Units — Summer Session 3 Units)

**I understand that I must have a Student application, Federal tax form - W-4, State tax form – DE, Form I-9, Demographic Form, YCCD Marketplace Coverage Options and CalPERS Exclusion form on file with the Office of People & Culture in order for my employment to be official. I have read the employment confirmation set forth above and accept employment on the terms stated herein.**

**I understand that as a student employee I am not entitled to any health and welfare benefits, other than Workers' Compensation Insurance. \_\_\_\_\_ (Student initials)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_