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Funding Source	(s):	Earn Type(s):		
strict Paid:	Categorical Paid:	Work Study:		

Revised: 11/22/2024

STUDENT EMPLOYMENT CONFIRMATION

District Paid:

Student Name:	Colleague ID:			
Job Duties:				
Student employees will begin at the applicable California year of service will be determined by the appropriate Defunds.	9			
Rates Effective: 01/01/25 – 12/31/25 \$16.00 \$1	16.25 \$16.50	\$16.75		
Number of hours scheduled to work per week:		other of 2	er amount 0)	
Budget Account:	(%)	Position ID:		
Budget Account:	(%)	Position ID:		
Federal Work Study Award Amount: \$	Finan	cial 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 COM	PLETED BY STUDEN	VT * * * * * * * * * * * * * * * * * * *	*	
Mailing Address:	City	Chah	7:	
P.O. Box/Street Number Telephone: Social Sec	•	State	e Zip	
Total number of units currently enrolled: (Minimu				
I understand that I must have a Student application, Federa YCCD Marketplace Coverage Options and CalPERS Excluent employment to be official. I have read the employment stated herein.	al tax form - W-4, Sta ision form on file with	te tax form – DE, For the Office of People	m I-9, Demographic Form, & Culture in order for my	
I understand that as a student employee I am not entitled t Insurance (Student initials)	o any health and welfa	are benefits, other tha	n Workers' Compensation	
Signature:		Date:		