

Student Employment Form

Employee Information

Candidate Full Name: _____ Palomino ID: _____

Email _____ Phone Number: _____

Department Information

Department Name: _____ Campus: _____

Building: _____ Room No.: _____ Extension: _____

Name of Supervisor: _____ Supervisor Title: _____

Position Specifications

☐ New Hire ☐ Returning Position Title: _____

☐ Transfer From Department _____ To Department _____
Or Position: _____ Or New Position: _____

Signatures

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

For Office Use Only:

☐ Student Employee ☐ Work Study ☐ Grant Funded

☐ Fin. Aid App. Complete ☐ Fin. Aid Folder Complete

☐ Transfer: Previous Position Number: _____ Previous Pay Rate: _____

New Position Number: _____ Hours p/week: _____ Pay Rate: _____

Number of Weeks eligible to work: _____ Encumbered Amount: _____

SCHs Enrolled: _____ Semester: _____

Notes: _____

Job Offered on: _____ Job Offer: ☐ Accepted ☐ Rejected ☐ Not Interested

Orientation Date: _____ End Date: _____ First Payroll Date: _____

Financial Aid Signature: _____ Date: _____

☐ Sent to Human Resources

☐ Sent to Payroll