



STUDENT WORKER PERSONNEL ACTION FORM

ACTION REQUESTED:	SITE:	TERM:	
EMPLOYEE INFORMATION			
Last Name:	First Name:	Middle Initial:	
GCCCCD Student External Student (Enrollment verification must be attached to this hire form) Student is on an eligible F-1 Visa with eligibility to work in the United States			
Colleague ID#:	Units:		
Email:	Phone:		
POSITION INFORMATION			
Position Start Date:	Position End Date:		
Termination Date:	Hours/Week:		
Department:	Supervisory Organization:		
Manager/Supervisor (Timekeeper Approver):	Manager Extension:		
Timekeeper Reviewer:			
Will employee work elsewhere in the District during this period?	Yes	No	
If yes, Site:	Department:		
INITIATOR			
Last Name:	First Name:	Phone ext.:	
STUDENT WORKER CATEGORY			
Student Worker I	Student Worker II	Student Worker III	Student Worker IV
SMARTKEY (UP TO 3 SMARTKEYS PER POSITION)			
1. Effective Date:	New/Add:	End:	
2. Effective Date:	New/Add:	End:	
3. Effective Date:	New/Add:	End:	
STUDENT GOVERNMENT STIPEND			
Student Government	Stipend Amount:		
Budget Reviewer Signature:			

Employee

Date

By signing this, I understand that this assignment is temporary with no guarantee of continuation of assignment.

APPROVALS

Dean/Director

Date

FED WORK STUDY/CALWORKS STUDY

Date

Vice President

Date

HR Approval

Date