

**AMARILLO COLLEGE**

TODAY'S DATE: \_\_\_\_\_

FEDERAL FISCAL YEAR \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

REFERRAL # \_\_\_\_\_

**STUDENT AID EMPLOYMENT REFERRAL**

HOURS ENROLLED: \_\_\_\_\_

STATUS \_\_\_\_\_

NAME: \_\_\_\_\_

Colleague ID # \_\_\_\_\_

Last

First

MI

**EMPLOYER SECTION:**

CCN Job ID# \_\_\_\_\_

The \_\_\_\_\_ Department is requesting that the above student be allowed to work as stated:

Beginning Date of Employment \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Of Hours Per Week \_\_\_\_\_

Through

(Maximum 20 Hours Per Week)

Ending Date of Employment \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

All earnings should be charged to General Ledger # \_\_\_\_\_

This student is expected to perform the following duties: \_\_\_\_\_

I will **NOT** allow the student to begin employment until all of the necessary paperwork is completed and returned to me. I will initiate a Personnel Form 310 if the student's employment is terminated. I will provide training, supervision, and working hours sufficient to meet and **NOT EXCEED** the maximum of twenty hours per week.

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

☐ Advanced (Cabinet member approval required \_\_\_\_\_)

ONLY for higher rate of pay)

Cabinet member signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT SECTION: (To be completed with FAO Staff)**

Your continued employment will depend on your cooperation with the following conditions. Failure to comply with them will serve as grounds for your dismissal.

1. Time sheets must be kept up-to-date each time you work. You will be paid on an hourly basis.
2. Be sure your time sheet is complete for each pay period. A completed time sheet includes: dates, total hours per day, your signature, and your supervisor's signature. Please see instructions on the time sheet. If time sheet is not filled out correctly, it will be returned to your supervisor for correction and processed on the payroll following its return to the Payroll Office.
3. Your time sheet should be turned in to the Payroll Office by noon on the last working day of the pay period. If it is not turned in on time, it will be held and processed on the following payroll. Students are paid bi-weekly.
4. You must continue to make Satisfactory Academic Progress.
5. Your continued employment is contingent upon the availability of funds.
6. You can not work during your scheduled class time even if class is cancelled or is dismissed early.
7. Students must make an appointment with the AC Career and Employment Center for 1 hour orientation the first week of employment.

**By signing below, I accept employment and all conditions of employment as stated above.**

Student Signature: \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_

**BUSINESS OFFICE USE ONLY**Object Code for this student is: \_\_\_\_\_ **Federal Work-Study** \_\_\_\_\_ Community Service \_\_\_\_\_ Co-Op \_\_\_\_\_ **Institutional**

The average number of hours per week per semester should not exceed those listed below:

Fall Hours \_\_\_\_\_ Amount \$ \_\_\_\_\_

Summer Hours \_\_\_\_\_ Amount \$ \_\_\_\_\_

Spring Hours \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Encumbered \$ \_\_\_\_\_

Business Office Approval \_\_\_\_\_

Date \_\_\_\_\_