

PAYROLL FORMS INSTRUCTION SHEET

FOR

RETURNING STUDENTS

All payroll packets must be completed and submitted to the SCCD Student Employment Office/Work Study, Sequoia Building – 105, prior to a student's initial day of work. Packet information must be received by the 10th, in order for a student to be paid at the end of the same month.

DIRECTIONS: Check off each step as completed and return Instruction Sheet with forms.

Supervisor must provide copy of Student Employment Handbook (Version 5) to student worker. Available on-line at the SCCD Student Employment/Work Study website:

<https://www.cos.edu/en-us/student-support/student-employment>

Student	Supervisor
Student Demographic Survey	
<input type="checkbox"/> Complete the top portion of the form *Tax forms are mailed to the address on file with the COS Admissions Office; please make sure to keep your mailing address current. You may do this by logging in to Banner Web and updating your personal information.	<input type="checkbox"/> Complete: "Supervisor" and "Budget Manager" <input type="checkbox"/> Review "Student" portion for completeness
Student Worker Agreement	
<input type="checkbox"/> Complete "Students" portion	<input type="checkbox"/> Complete Supervisor section in center of page <input type="checkbox"/> Optional: List wage information in "Optional Budget Information" section

Sequoias Community College District / **Student Demographic Survey and Authorization** (Confidential)

As an affirmative action/equal opportunity employer, we are required to compile summary data on student employees. We are requesting your assistance in providing the information below. Please return this form with your application. The form will be kept confidential and separate from all hiring documents and will not be forwarded to the colleges/departments making employment decisions.

Name					Date:	
Last		First		Middle		
Mailing/Street Address						
City				State		Zip
Phone Number				Social Security Number:		
Personal	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth			
Signature of Student Applicant →						


Heritage:	<input type="checkbox"/> Asian excluding Filipino: All persons having origins in any of the original people of the Far East or Southeast Asia (Chinese, Japanese, Korean, Laotian, Cambodian, Vietnamese, Asian Indian, Other Asian).
	<input type="checkbox"/> Black/African-American: (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Filipino: All persons having origins in any of the original people of the Philippine Islands
	<input type="checkbox"/> Hispanic (Chicano/Latino/Mexican-American): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
	<input type="checkbox"/> Native American: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
	<input type="checkbox"/> Pacific Islander: All persons having origins in Guamanian, Hawaiian, Samoan or other Pacific Islander group.
	<input type="checkbox"/> White/Caucasian (not of Hispanic origin): All persons having origins in any of the original people in Europe, the Indian Subcontinent, or the Middle East.
	<input type="checkbox"/> Other foreign national (please specify):
<input type="checkbox"/> Decline to state	

Citizen Type		Marital Status	
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Student VISA	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other Status	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Unknown	<input type="checkbox"/> Divorced	<input type="checkbox"/> Declined to State
<input type="checkbox"/> Refugee			

SUPERVISOR – COMPLETE ALL INFORMATION BELOW LINE							
District Budget to be Charged				Percent	100		
Budget to be Charged				Percent	100		
Budget to be Charged				Percent	100		
Department				Start Date:			End Date
Rate of Pay	\$16.50	Earnings Limit		Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	6/30/2025	
Worksite/Location							
Job Description							
		<input type="checkbox"/> S1	Student Work / District				
		<input type="checkbox"/> S2	Student Tutor				
		<input type="checkbox"/> S3	Student CalWorks Study		<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus	
		<input type="checkbox"/> S4	Student Federal Work Study		<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus	
Supervisor's Signature				Date			
Budget Manager's Signature				Date			
Print Budget Manager's Name				Date			
Student is Currently Enrolled in				Units.			

STUDENT

SUPERVISOR

	<h2 style="margin: 0;">Student Worker Agreement</h2>		
	Sequoias Community College District 915 S. Mooney Blvd. Visalia, CA 93277		

STUDENT

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SUPERVISOR

Student's Name:		Social Security No.:	
Temporary Employment Period	Beginning Date:	Ending Date:	
Hourly Rate (Minimum Wage):	16.50	Supervisor (Worksite):	
Job Description (Be Specific):			
Job Title:	Student Worker	Address:	Phone:
<p>I agree to adhere to the plan as developed for me with the employer and supervisor shown above. I further agree to adhere to all employer rules and regulations relative to the training provided. I have read the SCCD Student Employment Handbook and understand all established policies. I will allow College of the Sequoias to discuss, share, and release all of my confidential academic, financial aid and work related information (GPA, financial aid status, work history, etc.) with my work-site supervisors. I am currently enrolled in 6.0+ units at Sequoias Community College District. I understand that if I drop below 6.0 units during the semester in which I am employed, I will no longer be able to work as a student worker at the District and my hours shall be considered volunteer hours with no financial aid/work study compensation.</p> <p>I further understand that I am being hired as a student worker with no job rights regarding continued employment from semester to semester or year to year. I could be terminated at-will by Sequoias Community College District and no other agreements or promises have been made. If terminated, I may not be rehired within another department at Sequoias Community College District. All projected hours listed below are contingent upon my job performance and do not signify permanent employment status. I am not and will not be eligible to receive fringe benefits from Sequoias Community College District.</p>			
Student's Signature:		Date:	

STUDENT

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SUPERVISOR

Supervisor's Name:	Title:
<p>I agree to adhere to the policies and regulations established by Sequoias Community College District, along with all Federal and State laws regulating employment. I have read the SCCD Student Employment Handbook and understand all requirements.</p>	
Supervisor's Signature:	Date:

Optional Budget Information								
<i>(Projected Hours Pending Job Performance and Student Eligibility)</i>								
	Hours Per Week	Hourly	Total	FWS	CWWS	EOPSWs	District	Total
Hours During School								
Fall		16.00	\$					\$
Spring		16.50	\$					\$
Hours During Breaks								
Summer		16.50	\$					\$
Christmas		16.00	\$					\$
Spring		16.50	\$					\$
Total Projected Wages & Fixed Award			\$					\$