



Student Employment Notification of Employment

Federal Work-Study (FWS) Students, Discretionary Students, Eligible Senior Discretionary Workers, Special Needs and Grants

This form must be completed and signed by the dean or authorized officials prior to the start of employment. For discretionary/grant-funded students, please forward completed NOE to Human Resources, MS #2. For federal work-study students, return the completed NOE and FWS Job Description and Funding Approval form to the Financial Aid office. This information is required to be on file in Human Resources. If you have any questions regarding the proper funding account number to use, please call the Business Office at 860-512-3640.

STUDENT WORKER INFORMATION

First Name	MI	Last Name	SSN (last 4 digits)	
Address		Student Email	City	State Zip Code
Is the student worker currently taking classes (credit or credit-free) at MCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department	Banner ID	Is a background needed?*	
			<input type="checkbox"/> Yes <input type="checkbox"/> No See below for details.	

STUDENT WORKER EMPLOYMENT CONTRACT INFORMATION

Contract Start Date (must be the start date of a pay period) ____/____/____	Employment Dates Start ____/____/____ End ____/____/____	Total Amount Allocated
Hourly Pay Rate (select only one) <input type="checkbox"/> \$14.00 <input type="checkbox"/> \$14.50 <input type="checkbox"/> \$15.00 <input type="checkbox"/> Other _____	Hours Per Week (Not to exceed 17 per week when attending classes.)	
Semester of Employment (select only one) <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter	Fiscal Year	

Funding Account (Please select type of funding. Dean's approval required.)

Work Study (select only one) <input type="checkbox"/> FWS	Discretionary Funds (account number required)
Grant/Other (grant name and account number required)	

Mid-semester Funding or Pay Rate Changes (Dean's approval to change funding is required)

Only complete this section when work study/other funds are exhausted or for pay rate increases affecting department budget.

Enter new required funding account number or pay rate increase (select only one)

Switch to discretionary/grant/other funding account number _____ OR Pay rate increase from \$_____ to \$_____

Termination Date:

Select either next payroll processing date or specify the date when a student is no longer working.

Next payroll processing OR Other date _____

SUPERVISOR/DEAN OR AUTHORIZED OFFICIAL SIGNATURE

The dean's signature is required once per fiscal year within the same department/fund account. The supervisor's signature is required for all semesters of the fiscal year.

Supervisor Signature	Printed Name	Date
Dean or Authorized Official Signature	Printed Name	Date

Employee/Rec # _____

PCN _____

CE _____

*Background checks are completed by the HR office for students working in Admissions, Registrar's, Financial Aid, Business Office, Continuing Education and Human Resources, but only apply to certain positions that handle DCL3 confidential data, have a fiduciary financial responsibility or are in safety/security position per the CSCU's Pre-employment Background Verification Policy (Revised 01/21/2016). It is the responsibility of the supervisor to determine who meets the requirement for a background check and therefore shall notify HR to conduct the background check screening.