



**Student Employee Personnel Action Form (PAF)**

**SECTION 1: TO BE COMPLETED BY STUDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Sex (Circle One): Male or Female Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CCBC ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Citizenship Information (if other than US Citizen or eligible non-citizen):

Visa type: \_\_\_\_\_ Visa expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you of Hispanic or Latino origin? (Circle One): Yes or No

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY SUPERVISOR**

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Organization #: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY THE FINANCIAL AID OFFICE ONLY**

<input type="checkbox"/> WS (Work Study) <ul style="list-style-type: none"> <li>• Position Number: _____</li> <li>• Effective Dates: _____</li> <li>• Campus: Catonsville Dundalk Essex</li> </ul>					Award Amount: \$ _____ Hourly wage: \$ _____ Aid Year: _____ --- _____
Change Reason:	<input type="checkbox"/> Hire	<input type="checkbox"/> Renewal	<input type="checkbox"/> Separation	<input type="checkbox"/> Job change	
FAO Signature: _____					Date: _____



### Student Employment Contract

First and Last name: \_\_\_\_\_ CCBC ID: \_\_\_\_\_

**Please read and initial each student employment condition below:**

\_\_\_\_\_ I must be enrolled in at least **6 credits/billable hours (half-time)** for the fall and/or spring semesters to maintain student employment eligibility. International students must be enrolled in at least 12 credits.

\_\_\_\_\_ It is my responsibility to notify the Financial Aid Office if I stop attending or drop below **6 credits/billable hours (half-time)**. I will stop working immediately if I drop below half-time or stop attending. The Financial Aid Office is not responsible for monitoring my enrollment. If I have re-registered to maintain at least half-time status, I will notify the Financial Aid Office.

\_\_\_\_\_ I may only work 15 hours per week.

\_\_\_\_\_ I will not begin working until all of my required payroll documentation is complete. I understand my supervisor will inform me of my begin date.

\_\_\_\_\_ I must maintain Satisfactory Academic Progress (SAP) each semester.

\_\_\_\_\_ I may only earn up to the amount I was awarded for the academic year. Your supervisor will be notified of the maximum. It is your responsibility to monitor your earnings and that you do not exceed this amount.

\_\_\_\_\_ I understand my position can be eliminated at any time without warning.

\_\_\_\_\_ I understand I cannot be a CCBC temporary hourly employee and maintain a student employment position.

\_\_\_\_\_ All communication from the Financial Aid Office will be through my CCBC SIMON and/or CCBC email account(s).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_