

**Mott Community College
Student Employment Center
Student Referral and Hire Form**

Student's Phone _____ Or _____ (For Department's Contact)

STUDENT NAME: _____

ID NUMBER: _____

DEPARTMENT: _____

DEPARTMENT CONTACT NAME: _____

DEPARTMENT LOCATION: _____

DEPARTMENT CONTACT PHONE: _____

STUDENT EMPLOYEE POSITION TITLE: _____

CLASSIFICATION:

For the following student employees only:

Federal Work Study Michigan Work Study Student Assistant

FUNDING:

	Summer	Fall	Winter	Spring
Award Amount				
* Maximum hours allowed per week				

Note: * Exceeding these hours would result in the employee working less than the full semester; students cannot exceed their award amount.
College Work Study and Student Assistants can work a maximum of 25 hours per week.

Comments: _____

Date the referral was issued to student: _____ Student Employment Staff Initials: _____ Eligible Start Date: _____

INTERVIEW DATE: ___/___/___ APPLICANT STATUS: Hired Not Hired

Reason not hired: _____

CLASSIFICATION:

For the following student employees only:

Student Ambassador [\$7.00 per hour/maximum of 30 hours per week] Peer Tutor [\$8.00 per hour/maximum of 25 hours per week]
 Computer Intern [\$10.00 per hour/maximum of 30 hours per week] Staff Assistant [\$7.00-\$8.00 per hour/maximum of 30 hours per week]
 Tech Intern [\$9.00 per hour/maximum of 22 hours per week]

EMPLOYMENT DATES AND ACCOUNTS:

START DATE: ___/___/___ New Hire Returning

END DATE: ___/___/___

ACCOUNT NUMBER TO BE CHARGED: _____ WAGE: _____

SIGNATURE(S) AUTHORIZING HIRE:

WORK SITE COORDINATOR: _____ DATE: ___/___/___

REQUESTING MANAGER/DIRECTOR: _____ DATE: ___/___/___

DEAN/ EXECUTIVE DEAN _____ DATE: ___/___/___

Student Employment Center Use:

REQUEST RECEIVED DATE: ___/___/___

I-9/W-4 SENT TO ACCOUNTING: ___/___/___

ENTERED BY: _____ DATE: ___/___/___

Return the signed Student Employment Referral and Hire Form to the Student Employment Center, located in the Lower Level of the Prah College Center.