

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

Student's Phone _____
Email _____
<b>Applicant contacted:</b>
Date _____ Initials _____

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

ID NUMBER: \_\_\_\_\_

DEPARTMENT: Accounting

DEPARTMENT CONTACT NAME: Nichole Woods

DEPARTMENT LOCATION: Curtice Mott Complex, Room #1026

DEPARTMENT CONTACT PHONE: (810) 762-0527

STUDENT EMPLOYEE POSITION TITLE: Payroll Aide

**CLASSIFICATION:**

For the following student employees only:

Federal 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 19 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: \_\_\_\_\_

**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:

I-9 PROCESSED \_\_\_\_/\_\_\_\_/\_\_\_\_ REVERIFIED \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUEST RECEIVED DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

W-4 SENT TO ACCOUNTING: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Employment Referral and Hire Form to the Student Employment Center, PCC, Room 2280B.