

2016-17
STUDENT EMPLOYEE REFERRAL SLIP

Student Name _____ Student ID Number _____

Supervisor(s) Name _____

I am currently enrolled in _____ units for the _____ semester.
term/year

Do you hold an F-1 Visa? No Yes *If yes, a copy of your I-94 is required with this form.*

Have you previously worked at Sierra College? No Yes

To be completed by Supervisor

This Referral Slip is for the period beginning July 1st, 2016

Student Position Title _____ Step _____

Department _____ Hourly Rate \$ _____

Student Employees are requested under the following funding programs. *Please complete one form per funding program. Note: Equity, SSSP or BSI are not a funding program. They are a source of payment and will be recognizable by the FOAP.*

Federal Work Study District Student Help CalWORKS Work Study

Signed _____ Date _____