

**2019-2020**  
**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 1<sup>st</sup>, 2019

Student Position Title \_\_\_\_\_

Department \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_

Student Employees are requested under the following funding programs.

Federal Work Study     District Student Help     CalWORKS Work Study

Signed \_\_\_\_\_ Date \_\_\_\_\_

*For Learning Center Only:*

\_\_\_\_\_ BSI Funds    \_\_\_\_\_ Student Equity    \_\_\_\_\_ EOPS Funds    \_\_\_\_\_ DSPS Funds