



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"> • Position Number: _____ • Effective Dates: _____ • Campus: Catonsville Dundalk Essex 					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:** _____