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Mailing Address	City	State	Zip Code	Ema isteddressa(t@ ell.edu preferred)
Phone Number Current Cumulative C				
STUDENT CRTIFICATION: My signature indicateMaintain enrollment in at least 6 units during			Il notify my giper	visorif I drop bolow Sunits
Maintain a minimum 2.00 GPA eache m ar		Serriesiers, i Wi	ii notity my super	visorii Turop below odriits
3. Notify my supervisor immediately if I'm place	ed on Financial Aid Disc	jualification (Si	uspen si n).	
STUDENT SIGNATURE Date:)ate:	
II. <u>EMPLOYMENT DA</u> TA:				
Job Title	Dept.//	Area:		
Ex. Student Ambassador Ebutorial Center				

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Work Schedule hours: M

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