



Student Employment

New Hire Checklist

Program Type (Check One)

Department-Funded

Federal Work

Student

CalWORKs Matched program

Student ID Number: _____

Student Last Name: _____ First Name: _____

Hiring Dept/Site: _____

Must Complete this section if you checked Federal Work Study/CalWORKs as a Program Type above:

- | | | |
|--|-----|----|
| 1. Completed 24/25 FAFSA Application? | Yes | No |
| 2. Completed Financial Aid File? | Yes | No |
| 3. Approved for CalWORKs Work Study Funds? | Yes | No |
- No CalWORKs Counselor Signature: _____

Students may NOT work UNTIL a HIRE DATE has been provided in WRITING

You will need the following forms completed correctly and submitted to Student Employment Office before hiring can be finalized.

Employee Initials (optional)

- ___ 1. Completed online application for the department with RCCD (optional)
- ___ 2. Offer of employment was made, signed and dated on the MVC Hire Slip. **Ensure a pay rate is included and you have received the Terms and Conditions of Employment BEFORE you sign.**
- ___ 3. Completed Employee Information Form
- ___ 4. Current year W-4 Form and DE-4 forms must match (P.O. Boxes cannot be used for an address)
 - a. **Your name on line 1 should match your name on your social security card.**
 - b. **Cannot have mistakes or use white-out. If mistakes are made, you must start over with a new form.**
- ___ 5. Complete and sign the I-9 form with Student Employment (establishes work eligibility)
- ___ 6. ***Signed social security card (card must be signed before submitting) *Please bring your original Social Security card and Unexpired photo ID to Student Employment for verification and to obtain a copy**
- ___ 7. ***Current photo ID showing Date of Birth (DOB)**
- ___ 8. TB test results within 60 days of hire (if required from department)
- ___ 9. Current Riverside County Food handler’s certification card (**Required only for Food Services Workers**)
- ___ 10. Live Scan (fingerprinting) appointment completed (**if required by department**)
- ___ 11. Complete and sign the Sick Pay Acknowledgment Form
- ___ 12. Signed FERPA Agreement
- ___ 13. Designation of Beneficiary Form
 - a. **Make sure you provide your designated beneficiary’s social security number OR photo ID number (Both are not required)**
 - b. **Make sure you provide designated beneficiary’s FULL mailing address**
 - c. **Witnesses cannot be related to the employee or beneficiary (Must provide 2)**
- ___ 14. Direct deposit form should be complete with voided check or statement attached (recommended but not required)