



Lower Columbia College 2025-2026 Student Help Action Form

STUDENT MAY NOT START WORK UNTIL SUPERVISOR IS NOTIFIED BY HUMAN RESOURCES

STUDENT EMPLOYEE SECTION

Name (Last Name, First Name, MI)		EMPL ID	
Address	City	State Zip	Date
Telephone		Cell Phone	
Current positions held at Lower Columbia College (if any)			
Position Title _____		Supervisor _____	
Position Title _____		Supervisor _____	

SUPERVISOR SECTION

Department	Supervisor				
Type of Action <input type="checkbox"/> New AppointmentRenewal <input type="checkbox"/> Budget Code Change <input type="checkbox"/> Other (please explain) _____					
Effective Date-First Day on Job Begin: End:	Students must be enrolled in classes or complete an Intent to Enroll and cannot work more than 19 hours weekly when classes are in session. If more than one position is held, combined hours cannot exceed 19 per week.			Use the appropriate option to complete the gray section below.	
Job Title	Job Code	Hourly Rate	Fund Code	Class Field	Department Code
THE SUPERVISOR MUST: 1. Properly complete this <u>entire</u> form. You <u>must</u> include your Department Code, Fund, <u>and</u> Class Field. 2. Coordinate with HR to schedule orientation on or before first scheduled day of employment. 3. Explain to the student the job requirements, hours to be worked, the rate of pay, procedures to be followed in case of student's illness or injury on the job, student employment benefits (if any). 4. Instruct employee to enter all hours in etcLink worked on daily basis, with start and end times. Payroll schedule available on website. 5. Verify all hours and days worked on time sheet is accurate before clicking approve and submitting to Payroll.					

Employee must read and sign below:

I acknowledge that this appointment constitutes temporary, student employment, that is exempt from the civil service rules of the Washington State Department of Personnel and that I am not eligible for most state employee benefits including but not limited to health insurance, holiday pay, or continued employment. I am eligible for non-compensable sick leave in accordance with RCW 49.46.210. I understand that if I am interested in permanent employment at LCC I must apply and compete for a position. I acknowledge that it is my responsibility to immediately notify my supervisor when I work additional hours elsewhere at the College or when I change status from student to non-student or vice versa. I acknowledge that I cannot work more than 19 hours weekly when classes are in session. I have been informed of and understand the above conditions of employment.

Required Signatures

Employee	Date	Payroll	Date
Supervisor	Date		

FOR PAYROLL USE ONLY

I-9 W-4 Retirement Status Form Verified Student Status Qtr. 1 ____ 2 ____ 3 ____ 4 ____