

# Student Employment Authorization Form

**Student Information (Completed by Student)**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Check Address: \_\_\_\_\_

**Dorm Students ONLY:**    Angwin Hall                      Calkins Hall                      Sierra Towers                      South Hall

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Status:**    Current University Employee    New Hire    **Residency Status:**    Citizen/PR    Non-Resident (F1)

**Job/Payment Details (Completed by Supervisor)**

Hiring Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_

Kronos/Timesheet Approver: \_\_\_\_\_ Kronos/Timesheet Approver ID#: \_\_\_\_\_

Student Position Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

 \*Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_ Account #: \_\_\_\_\_ - \_\_\_\_\_ - 63010  
FUND                      Dept. ORG #

\*Tentative start date pending completion of all required paperwork.

**Approvals/Signatures**

New hires or rehires who have not worked for the University in the last year (from the date of hire), must provide eligibility to work documents to HR within 3 days of hire date in order to be cleared to work. The Student Employment Authorization form is NOT a contract between the student and La Sierra University. **If employment ends, department MUST consult with HR PRIOR to termination.**

	Signature	Date
Supervisor		
Dean/VP (If Applicable)		
Financial Administration (If Applicable)		
Provost (If Applicable)		
Additional Signature(s):		

**HR ONLY**

 FWS     Yes     No    Award Amount: \_\_\_\_\_ Copy of Notice Given to Student:     Yes     No

Position: \_\_\_\_\_ FTE: \_\_\_\_\_ Hrs. per Day: \_\_\_\_\_ Hrs. per Pay: \_\_\_\_\_ Employee Class: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

FWS Transfer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

REG Transfer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

FWS Transfer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

REG Transfer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Comments/Notes:

**Notice to Employee (See Reverse)**

 Effective January 1, 2015, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information.

Employee Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Job Effective Date: \_\_\_\_\_

**EMPLOYER**

Legal Name of Hiring Employer: La Sierra University, 501(C)(3) tax-exempt organization

Physical Address of Hiring Employer's Main Office: 4500 Riverwalk Pkwy, Riverside, CA 92505

Employer's Telephone Number: 951-785-2000

**WAGE INFORMATION**

Hourly Wage: \$ \_\_\_\_\_

Over-time: La Sierra University pays employees overtime as required by law, but not less than one and one half times the regular rate of pay.

Does a written agreement exist providing the rate(s) of pay?  Yes  No

Regular Payday: Bi-weekly Friday

**WORKER'S COMPENSATION**

Carrier Name & Address: Sedgwick CMS, PO Box 14421, Lexington, KY 40512

Telephone: 925-988-1174

Policy No.: 81164-0045938-0002

X Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: 2042-F

**PAID SICK LEAVE**

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  - 1. requesting or using accrued sick days;
  - 2. attempting to exercise the right to use accrued paid sick days;
  - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice:

X Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirement of Labor Code §246.

**ACKNOWLEDGEMENT OF RECEIPT (Optional) – The employee's signature on this notice merely constitutes acknowledgement of receipt.**

\_\_\_\_\_  
(Print Name of **EMPLOYER** Representative)

\_\_\_\_\_  
(Print Name of **EMPLOYEE**)

\_\_\_\_\_  
(Signature of **EMPLOYER** Representative)

\_\_\_\_\_  
(Signature of **EMPLOYEE**)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Labor Code Section 2810.5(b) requires that the employer notify employee in writing of any changes to the information set forth in this Notice within (7) calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code Section 226; (b) Notice of all changes is provided in another writing required by law within (7) days of the changes.