

Mark all that apply:

FWS

District

Calworks

PROMOTION REQUEST FORM

Riverside Community College District
Student Employment

Student Name – As Printed on Social Security Card (Please Print)

Social Security Number

Hiring Site Name

Location

Supervisor Name

Phone # and Extension

District Budget Code #2

Department Budget Code #4

District Budget Code #1

Department Budget Code #3

Department Budget Code #5

New rate requested \$ _____ Old Position Title: Student Aide

New Position Title: Student Aide
(Must have a Position Request Form on file)

Reason for Increase: Added duties More advanced skills required to complete new tasks

Supervisor's Signature: _____

Date: _____

**** Please Note: It may take one or two full pay cycles for a pay increase to take effect ****

STUDENT INFO

FOR OFFICE USE ONLY

CGPA _____

Current/Last Enrolled Units _____ Term _____

Federal Work Study (FWS)

_____	-	_____	/	_____	=	_____	OC	AMR	AMC	CS	LT
Award Amount		YTD Earnings		Pay Rate		Balance of Hours	Program (Circle One)				

Calworks (CWS)

_____	-	_____	/	_____	=	_____
Award Amount		YTD Earnings		Pay Rate		Balance of Hours

DISTRICT

Budget Code #1 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	Remain Mths	X	_____	Monthly Earnings	- Balance = _____	Potential Balance	<input type="checkbox"/> OK	<input type="checkbox"/> Transfer Required
Budget Code #2 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	Remain Mths	X	_____	Monthly Earnings	- Balance = _____	Potential Balance	<input type="checkbox"/> OK	<input type="checkbox"/> Transfer Required
Budget Code #3 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	Remain Mths	X	_____	Monthly Earnings	- Balance = _____	Potential Balance	<input type="checkbox"/> OK	<input type="checkbox"/> Transfer Required
Budget Code #4 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	Remain Mths	X	_____	Monthly Earnings	- Balance = _____	Potential Balance	<input type="checkbox"/> OK	<input type="checkbox"/> Transfer Required
Budget Code #5 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	Remain Mths	X	_____	Monthly Earnings	- Balance = _____	Potential Balance	<input type="checkbox"/> OK	<input type="checkbox"/> Transfer Required

Effective Payroll: _____ Pending Transfer # _____ for budget(s) # _____

Approved Denied Signature: _____ Date: _____
Student Employment Dean/Director/Manager

Original to Student Employment ♦ Student and Supervisor: processed copies will be returned