

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Assistant Employment Requisition

For the 20____ to 20____ School Year

1. STUDENT APPLICANT INFORMATION (please type or print in ink)

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Birth Date: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

I am a Chabot Las Positas College student currently enrolled/preregistered in _____ units for _____ semester, 20____.

Verification of student enrollment must be attached. Please print verification from Class-Web and attach with this requisition.

I have read the attached "Guidelines for Student Employment." I understand that my employment on campus is temporary and can be immediately terminated.

Student Signature: _____ **Date:** _____

2. TO BE COMPLETED BY HIRING DIVISION

Please note: Employment is limited to twenty [20] hours per week (in all combined areas of the college), when classes are in session; and, thirty-four [34] hours per week during breaks (e.g. summer, spring).

To be employed by: _____ Building: _____ Room: _____
Division/Area

Student's direct supervisor: _____ Extension: _____
Name and Position

Position Hired: Federal Work Study Student Student Assistant Student Intern/Ambassador Hours Per Week: _____

RANGE/STEP: CATEGORY: A B C D **STEP:** 1 2 **RATE OF PAY:** \$ _____
(please see information on next page for appropriate category, step placement and pay range.)

Funding Source(s): FWS CalWorks Division Other: _____

Budget Account Number: _____ *(for FWS and HR use ONLY)*

FUND	ORGN	ACCT	PROG	%	Position Code	Suffix
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____

New hire: effective date: _____ **Rehire:** effective date: _____

Hiring Administrator has verified that student is enrolled in the appropriate number of units before hiring them as a student assistant or in FWS.

Hiring Administrator's Signature: _____ **Date:** _____

3. TO BE COMPLETED BY FINANCIAL AID OFFICE (For Federal Work Study Students Only)

Hired under Federal Work Study Awarded \$ _____

Total hours _____ No. of units _____ Satisfactory Academic Progress yes no

Approved by: _____ **Date:** _____
Financial Aid Officer

4. TO BE COMPLETED BY THE CalWORKS COORDINATOR (For CalWORKS Students Only)

Awarded \$ _____ Total hours _____ No. of units _____ Good Standing yes no

Approved by: _____ **Date:** _____
CalWORKS Coordinator

5. TO BE COMPLETED BY ADMINISTRATOR, ADMISSION & RECORDS (For International Students)

No. of units _____ Verification of approval to work: _____

Approved by: _____ **Date:** _____
Administrator, Admission & Records

6. HUMAN RESOURCES: Input by: _____ **Date:** _____

CHABOT - LAS POSITAS COMMUNITY COLLEGE DISTRICT

Tuberculosis (TB) Certificate Information

SECTION 1: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

SSN/W#: _____ Position Title: _____

Division/Office: _____ Employee Signature: _____

SECTION 2: TB CERTIFICATE

Have you submitted a clear/negative TB test or X-ray (**no later than 4 years old**) to the [Office of Human Resource Services](#) for work prior to this job?

Yes (If you answered yes, please turn in this form to the Office of Human Resource Services)

No (If you answered no, please proceed to SECTION 3)

SECTION 3: INSTRUCTIONS

- 1) Schedule an appointment with your personal physician or health care center. (List of available locations are listed on the next page for your convenience)
- 2) Take this form with you when you go in for your TB test.
- 3) Your test will require two visits: The first visit will be for taking your TB test and the second visit will be for a follow-up to have the test viewed for results. (You will have to wait 48 to 72 hours before returning for the second visit to review the results. Remember to schedule your initial visit only if you know you will be able to meet the second visit time requirement, otherwise you may be charged to re-test)
- 4) Once you have completed your examination successfully, your physician will give you a copy of the TB / X-ray certificate. Please check to see if the following information is listed on your certificate:
 - Hospital / Health Clinic Name
 - Date of TB examination or X-ray and final date of results
 - Results of the test is marked as either negative or positive(NOTE: if positive, a chest X-ray will be required for continuation of employment with the District. An X-ray may be scheduled at most hospitals and clinics)
- 5) Submit this TB form along with a **copy of your TB / X-ray certificate** to the Office of Human Resource Services after you have received a clear TB test from the physician.
- 6) Expense for the initial examination, including X-rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District. Please see board policy: <http://www.clpccd.org/board/documents/4015Policy.pdf>
- 7) Once your TB test has expired, after 4 years, a renewal letter will be sent out to notify you that an updated TB test is required for your personnel file. The letter will state a 3-month due date by which you must submit your test to the Office of Human Resource Services. (A current TB certificate must be on file with Human Resources at all times in order to continue active employment with Chabot-Las Positas Community College District).

CALIFORNIA EDUCATION CODE:

Education Code Section 87408.6 provides that each person employed by a school district shall undergo an examination at least once every four years to determine that he/she is free of active tuberculosis. This examination shall consist of an approved intradermal tuberculin test which, if positive, shall be followed by an x-ray of the lungs. After such examination, each employee shall file with the school district of employment a certificate showing the employee was examined and found free from active tuberculosis. The certificate signed by the examining physician and surgeon or a notice from a public health agency or unit of the Tuberculosis Association which indicates freedom from active tuberculosis will constitute evidence of compliance with this section.

Human Resources

Revised: 12/2/2008

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TB TESTING LOCATIONS

HEALTH CENTERS:

Services invoiced to the Chabot-Las Positas Community College District.

CHABOT COLLEGE HEALTH CENTER

25555 Hesperian Boulevard
Building 100, Room 120
Hayward, CA 94545
(510) 723-7625

Charge for this service is \$25.00

IMMUNIZATION:

Please call for an appointment
Monday through Thursday: 9:00 a.m. – 7:00 p.m.
Closed for lunch 1:00 – 2:00
Friday: 9:00 a.m. – 1:00 p.m.

LAS POSITAS COLLEGE HEALTH CENTER

3033 Collier Canyon Road
Building 1700
Livermore, CA 94550
Telephone: (925) 424-1830
appointment only

Charge for this service is \$25.00

IMMUNIZATION:

Please call for an appointment
Monday through Thursday: 9:00 a.m. to 7:00 p.m.
Friday: 9:00 a.m. – 2:00 p.m.
No TB tests conducted on Thursdays, 2nd

PLEASANTON URGENT CARE

3128 Santa Rita Road
(near Nob Hill Foods)
Pleasanton, CA 94588
Telephone: (925) 462-9300

Charge for this service is \$15.00

Chest x-rays \$55.00

IMMUNIZATION/CHEST X-RAYS:

No appointment necessary
Monday through Friday, 8:00 a.m. to 6:00 p.m.