

202 /202 Student Employment Action Form

Student's Last Name: _____ Student's First Name: _____

Student ID #: _____ SWXGHQW \$LGH /HYHO:

Pay Rate 5 H W L M W A E L W O H V

NORCO COLLEGE

Student Employment

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Name: _____/DVW 1DPH _____)LUVW _____,0, _____

Galaxy Information:
EMPLOYEE # _____

Hire Date: _____
All Student Employee's
Position End Date is _____

QA by: _____
Dismissal Attachments: _____
employee was dismissed prior to _____
Last Day Worked: _____

TB Entered Exam Date: _____

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Financial Aid Information:

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Expiration:Date _____

FHC Entered Exam Date: _____

Expiration:Date _____