EL MONTE UNION HIGH SCHOOL DISTRICT

3537 Johnson Avenue El Monte, California 91731 (626) 444-9005 Fax (626) 443-0690

Student Employee Check-off Sheet

THIS PACKET MUST BE COMPLETE OR IT WILL BE RETURNED TO THE STUDENT'S SUPERVISOR AND THE STUDENT CANNOT WORK!

TO BE COMPLETED BY THE STUDENT

Student's <u>LEGAL</u> Name:	Student's Nick Name:
Student's Home Address:	City: Zip:
Home Phone Number: () Date of Birth:_/	Grade: Sex: Male Female
TO BE COMPLETED BY THE ST	UDENT'S SUPERVISOR
Work Site: Arroyo El Monte Mt. View Rosemead So. E	Monte Valle Lindo District Office
Board Approval Date: Earliest Date of Work Assign	nment: Ending Date:
TO BE ATTACHED TO THIS FORM CHECKED BY THE S	
OPY of Student's Work Permit (not required if student is 18 years old or older) Do NOT send the blue Request for Work Permit form to the Personnel Office. Send it to the Work Permit Office at the District Office.	
② a COPY of Student's Social Security Card or	
② b Resident Aliens only: COPY of Social Security Ca Card issued by the INS to work (INS form No. 1-6	
3 Completed W-4 Form	82
Completed I-9 Form	
(5) COPY of i.D. Card with Picture (acceptable forms 1) state issued driver's license or ID card; or 2)	
6 COPY of Resident Alien Card (if needed to estab	lish eligibility)