



# SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • CONTINUING EDUCATION

## Learning-Aligned Employment Program Student Intake

Thank you for showing interest in participating in San Diego Community College District's (SDCCD) Learning-Aligned Employment Program (LAEP) at **San Diego X College**. The Learning-Aligned Employment Program (LAEP) is a state work-study that will offer eligible students at public colleges and universities the opportunity to earn money to help cover their educational costs while gaining education-aligned, career-related employment. Participants are placed in educationally beneficial position that relates to the student's area of study, career objective, or the exploration of career objectives.

Below is an itemized list of documents that must be completed and returned dependent on your placement type.

On Campus Placement	Off Campus Placement
<input type="checkbox"/> Student Application	<input type="checkbox"/> Student Application
<input type="checkbox"/> Student Agreement	<input type="checkbox"/> Student Agreement
<input type="checkbox"/> W4	<input type="checkbox"/> Addendum
<input type="checkbox"/> COVID Vaccine Proof	
<input type="checkbox"/> Addendum	

If you have any questions, please contact the \_\_\_\_\_. Thank you again for your interest in collaborating with San Diego Community College District's (SDCCD) Learning-Aligned Employment Program (LAEP) at San Diego X College.



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## Learning-Aligned Employment Program (LAEP) Student Application

Please complete this checklist to ensure accuracy and timeliness in the processing of your Learning-Aligned Employment Program (LAEP) Student Agreement.

**Please complete and return the following documentation:**

On Campus Placement	Off Campus Placement
<input type="checkbox"/> Student Application	<input type="checkbox"/> Student Application
<input type="checkbox"/> Student Agreement	<input type="checkbox"/> Student Agreement
<input type="checkbox"/> W4	<input type="checkbox"/> Addendum
<input type="checkbox"/> COVID Vaccine Proof	
<input type="checkbox"/> Addendum	

### Student Information

Name: \_\_\_\_\_ CSID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Campus of Record: \_\_\_\_\_ Term: \_\_\_\_\_

Program of Study: \_\_\_\_\_

### Have you applied for Financial Aid?

- Yes, I submitted a FAFSA.
- Yes, I submitted a CA Dream Act.
- No

### Do you meet the following eligibility requirements?

- Enrolled half-time (6 Units)
- California Resident
- Maintaining Satisfactory Academic Progress (SAP)
- Demonstrate financial need
- Eligibility to work in the United States



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Yes

No

## Do you need assistance finding a placement?

Yes

No

## Do you have a placement opportunity?

Yes

No

### If yes,

Employer Name: \_\_\_\_\_ Industry: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

## Please submit the completed LAEP Student Application to:

**INSTITUTION NAME**

**Staff Contact (LAEP Coordinator or other)**

**Office**

**Address 1**

**Address 2**

**Phone number:**

**Email Address:**



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## Learning-Aligned Employment Program (LAEP)

### Student Agreement

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

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

The Learning-Aligned Employment Program (LAEP) offers eligible students at public colleges and universities the opportunity to earn money to help defray their educational costs while gaining education-aligned, career-related employment. By signing below, you agree to the following:

- By signing below, I certify that I understand that I am required to alert the [SCHOOL NAME] Career Center and Financial Aid Office if I am no longer enrolled at **least half-time in courses**, or if I become otherwise ineligible to participate in the Learning-Aligned Employment Program.
- **Include information on how that would affect FA**
- I certify that the \_\_\_\_\_ position is educationally beneficial and relates to my area of study, my career objectives, or the exploration of my career objectives in the following way(s):

(text box)

**INSTITUTION NAME**

\_\_\_\_\_  
**Name and position of signer for the Institution**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name and CSID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employer Name and Position

\_\_\_\_\_  
Date



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## Learning-Aligned Employment Program

### Student Agreement Addendum

Employer: \_\_\_\_\_ (Employer)

Date: \_\_\_\_\_

Student name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Position name: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor contact information (email and/or phone number): \_\_\_\_\_

Term of employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of compensation: \$ \_\_\_\_\_ per hour

Maximum total compensation allowable (total) to be paid up to \_\_\_\_\_ % by LAEP funds (payment by the

Institution to the Employer during the term of employment shall not exceed): \$ \_\_\_\_\_

Additional compensation above the identified amount may only be paid out of Employer funds.

The student's working hours during the term of employment shall not exceed:

Maximum hours per week: \_\_\_\_\_ Maximum total hours for the term of employment: \_\_\_\_\_