



*Personnel Office  
use only*

Funding Source: \_\_\_\_\_  
Earn Type: \_\_\_\_\_

**NON-ACADEMIC/NON-CLASSIFIED  
EMPLOYMENT CONFIRMATION**

EMPLOYEE NAME: \_\_\_\_\_ COLLEAGUE: \_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_ POSITION ID: \_\_\_\_\_

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BOARD APPROVAL DATE: \_\_\_\_\_ (MUST BE PRIOR TO BEGINNING DATE) PAY RATE: \_\_\_\_\_

DATES OF EMPLOYMENT: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Dates must be less than a 9 month period (Ed Code Section 88003 – 75% of a college year) example: July 1 – March 31.

SERVICES TO BE PERFORMED: \_\_\_\_\_

Object Code must be 2430 for instructional services or 2330 for all other types of services.

Pay rate must be in 50 cent increments beginning with minimum wage of \$6.75, then moving to \$7.00, \$7.50, \$8.00, etc. If further explanation is needed, please contact Personnel. All pay rates are subject to approval by Personnel.

**I/We understand that Board approval must be received prior to the above employee beginning work.**

\_\_\_\_\_  
Signature of Employing Supervisor - Also Please Print      Colleague ID      Office Phone      Date

\_\_\_\_\_  
Signature of Cognizant Dean – Also Please Print      Colleague ID      Office Phone      Date

\_\_\_\_\_  
Signature of Time Card Approver      Colleague ID

\*\*\*\*\* **TO BE COMPLETED BY EMPLOYEE** \*\*\*\*\*

MAILING ADDRESS: \_\_\_\_\_  
P.O. Box/Street No.      City      State      Zip

TELEPHONE: \_\_\_\_\_ SOC SEC NO: \_\_\_\_\_

Retirement System:      State Teachers' Retirement System      Yes \_\_\_ No \_\_\_ Retired \_\_\_  
Public Employees' Retirement System      Yes \_\_\_ No \_\_\_ Retired \_\_\_  
Other: \_\_\_\_\_

**I understand that I may not start work until the Governing Board has approved my hire and that I must have W-4, I-9 and Demographic forms on file with the Personnel Office in order for my employment to be official and for me to be paid.**

I have read the employment confirmation set forth above and accept employment on the terms stated herein. I understand that as short-term, non-academic/non-classified employee, I am not entitled to benefits due regular employees and will not obtain probationary or permanent status. I understand that I am an "at will" employee, on-call-as-needed basis only.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date