



**Yuba Community College District
Recommendation to Employ**

TO BE COMPLETED BY SUPERVISOR:

Management Academic Classified

Applicant provided fingerprinting packet and advised that employment is contingent upon fingerprints cleared through the Department of Justice.

Employee Name: _____

Position Title: _____

Division/Department: _____

Budget Code(s): _____ (____%)

_____ (____%)

Beginning Date for Employment: _____

Classified/ Number of days per week: _____ Number of hours per day: _____

Management: Work Year: 10 Months 11 Months 12 Months

If less than 12 months, ending date of employment for this Fiscal Year: _____

Academic: _____ Days

Supervisor's Signature

Date

TO BE COMPLETED BY PERSONNEL:

Salary Range: _____ Step: _____ FTE: _____

Hourly Pay Rate: \$ _____ Monthly Pay Rate: \$ _____

Annual Pay Rate: \$ _____ Overtime Pay Rate: \$ _____

Personnel Director's Signature

Date

Interview Date _____

Board Approval Date _____