



*Personnel Office
use only*

Funding Source: _____
Earn Type: _____

SUBSTITUTE CLASSIFIED EMPLOYMENT CONFIRMATION

EMPLOYEE NAME: _____ COLLEAGUE ID: _____

REPLACING ABSENT EMPLOYEE: _____

BUDGET ACCOUNT: _____	POSITION ID: _____
BUDGET ACCOUNT: _____	POSITION ID: _____

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.

CLASSIFIED CLASSIFICATION: _____

SERVICES TO BE PERFORMED: _____

Object code must be 2410 for instructional services or 2310 for all other types of services.
 Pay rate will be set by the Classified Personnel Office based upon classification.

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
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Signature of Cognizant Dean – Also Please Print	Colleague ID	Office Phone	Date
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Signature of Time Card Approver	Colleague ID
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***** **TO BE COMPLETED BY EMPLOYEE** *****

MAILING ADDRESS: _____

P.O. Box/Street Number	City	State	Zip
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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