

Signature of Employee

Temporary Employment Confirmation

		essional Exp			Term [Substitute			
EMPLOYEE NAME:					co	LLEAGUE II	D:		
BUDGET ACCOUNT:	POSITION ID:						HR Office use only		
BUDGET ACCOUNT:		POSITION ID:					Funding Source:		
								Earn Type:	
DATES OF EMPLOYMEN	IT: Beginning		En	ding			Pay Rate: _		
Dates must be le	ess than a 9-month per	riod (Ed Code	Section 8800	<u>3 – 75</u>	% of a coll	ege year) exam	ple: July 1 – M	larch 31.	
Professional Expert: Object is \$9.00 per hour. If further ex Human Resources.									
Short-Term or Substitute: Of Human Resources, based up				2310	for all other	types of servic	es. Pay rate wil	l be set by the Office	
CLASSIFIED CLASSIFICA	ATION:		If Sub	stitut	e, absent ei	mployee:			
TEMPORARY SERVICES	TO BE PERFORME	ED:							
BOARD APPROVAL DAT	TE:	(A st	ubstitute emp	loyee	may begin	work prior to (Governing Boar	rd confirmation)	
Employing Supervisor - Please	Print		Colleague ID)	Office Pho	ne	Date		
Cognizant Dean - Please Print			Colleague ID)	Office Pho	ne	Date		
Time Card Approver – Please	Print		Colleague ID)	Office Pho	ne	Date		
Signature of Chancellor, Vice Chancellor, College President, CBO or CHRO							Date		
	*****	* TO BE CO	MPLETED B	Y EM	PLOYEE *	******	* * *		
MAILING ADDRESS:	P.O. Box/Str		Cir			Chaha	7:		
			Cit	•		State	Zij	-	
TELEPHONE:									
Retirement System: STR	S: Yes No	Retired	PERS:	Yes	No	_ Retired	Other:		
I/We understand that YC and that I must have the YC the YCCD Marketplace Coverand for me to be paid.	CCD Temporary Clas	sified applicat	tion, EEO sta	temei	nt, W-4, I-9	, Demographi	c, CalPERS Ex	clusion, and	
I have read the employment co short-term, or substitute empl permanent status. I understand	oyee, I am NOT entit	led to health a	and welfare be	enefits	due regula				

Date