



Temporary Employment Confirmation

Professional Expert Short-Term Substitute

EMPLOYEE NAME: _____ COLLEAGUE ID: _____

BUDGET ACCOUNT: _____ POSITION ID: _____	HR Office use only
BUDGET ACCOUNT: _____ POSITION ID: _____	
	Funding Source: _____
	Earn Type: _____

DATES OF EMPLOYMENT: Beginning _____ Ending _____ Pay Rate: _____

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

Professional Expert: Object Code must be 2430 for instructional services or 2330 for all other types of services. **Effective January 1, 2021 the minimum wage is \$14.00/hr. and increases to \$15.00 effective January 1, 2022. All pay rates are subject to approval by the Office of Human Resources.**

Short-Term or Substitute: Object code must be 2410 for instructional services or 2310 for all other types of services. **Short term and Substitute employees are placed on Step 1 of the negotiated salary range for Classified positions.**

CLASSIFIED CLASSIFICATION: _____ If Substitute, absent employee: _____

TEMPORARY SERVICES TO BE PERFORMED: _____

BOARD APPROVAL DATE: ____ (**Professional Experts and Substitute employees may begin work prior to Governing Board confirmation**)

_____ Employing Supervisor - Signature	_____ Colleague ID	_____ Office Phone	_____ Date
_____ Dean/Director - Signature	_____ Colleague ID	_____ Office Phone	_____ Date
_____ Time Card Approver – Please Print	_____ Colleague ID	_____ Office Phone	_____ Date
_____ Signature of Chancellor, Vice Chancellor, Colleague President, CBO or CHRO			_____ Date

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

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

TELEPHONE: _____ SOC SEC NO: _____

Retirement System: **STRS:** Yes ___ No ___ Retired ___ **PERS:** Yes ___ No ___ Retired ___ **Other:** _____

I/We understand that YCCD Governing Board confirmation is required, if not currently a permanent employee of YCCD, and that I must have the YCCD Temporary Classified application, EEO statement, W-4 Federal tax form, DE - State tax form I-9, Demographic, CalPERS Exclusion, and the YCCD Marketplace Coverage Options forms on file with the Office of Human Resources 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 a professional expert, short-term, or substitute employee, I am **NOT** entitled to health and welfare 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