Temporary Employment Confirmation

☐ **Professional Expert** ☐ **Short-Term** ☐ **Substitute**

☐ **Job Description (must be attached for all positions)**

Employee Name: _____ Colleague ID: _____

BUDGET ACCOUNT: _____ POSITION ID: _____ BUDGET ACCOUNT: _____ POSITION ID: _____	**HR Office use only** 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.**

Position title: _____ **If substitute, absent employee/title:** _____
Specialized Knowledge/Skills to be performed: _____
Project/Description of duties – (See attached is not sufficient): _____

BOARD APPROVAL DATE: _____ **(HR must approve all hires prior to being placed on the PCA for Board approval)**

_____ **Employing Supervisor/Colleague ID/Date:**	_____ **Dean approval/Colleague ID/Date:**
_____ **Timecard approver/Colleague ID/Date:**	_____ **President/Vice Chancellor/Chancellor/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

HR approval: **Yes** ☐ **No** ☐ **Initials:** _____
All required documents must be provided to HR prior to the employee starting work **Revised: 11/2021**