



HARTNELL COLLEGE

SHORT-TERM EMPLOYMENT NOTICE

HARTNELL COLLEGE

Human Resources & Equal Employment Opportunity

Last Name _____ First Name _____ SSN _____ - _____ - _____
 Birthdate _____ / _____ / _____ Gender: M F
 Address _____
 City _____ State _____ Zip _____ Phone (____) _____ - _____ Colleague ID: _____

Attach completed Request to Hire Short-Term Employee (HR-01) when submitting.

Department: _____ Job Title: _____

BEGINNING DATE OF EMPLOYMENT _____ / _____ / _____ mo day yr
ENDING DATE OF EMPLOYMENT _____ / _____ / _____ mo day yr
Wage Information: Hourly Rate: \$ _____
 Hourly Rate Based On:
 CSEA 95% of Range _____ Step A
 L-39 95% of Range _____ Step A
 Temporary/Hourly Employee List

Has employee worked for Hartnell in the past? Yes No
 If yes, please list dates & in what capacity: _____
 Dates _____ Assignment _____

Number of days authorized _____ (not to exceed 180 days)
 Assignment is limited to current fiscal year (July 1 to June 30), regardless of appointment date.

WORK SCHEDULE: (enter # of hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:	_____	_____	_____	_____	_____	_____	_____

Attendance Advisor: _____ Phone: _____

Supervisor of Record*: _____ Phone: _____

* Manager or Supervisor who is authorized to sign timecards

NOTICE: Department/Area manager requesting Substitute Employee is responsible for necessary record keeping of hours/days worked by employee to ensure that number of days authorized is not exceeded

BUDGET:
 Fund _____ Area _____ Location _____ Cost Center _____ Object _____ Percent _____ %
 Fund _____ Area _____ Location _____ Cost Center _____ Object _____ Percent _____ %

AUTHORIZATION SIGNATURES:

Manager: _____ Date: _____

Human Resources: _____ Date: _____

For Office Use Only

For Human Resources Office Use Only

- | | | |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Employment Application | <input type="checkbox"/> <input type="checkbox"/> Physician Designation | <input type="checkbox"/> Paperwork Complete _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> Acknowledgement of Employment | <input type="checkbox"/> <input type="checkbox"/> Oath/Drug Free/Privacy | <input type="checkbox"/> MCOE _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> I-9 | <input type="checkbox"/> <input type="checkbox"/> Disposition of Warrants | <input type="checkbox"/> Colleague _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> W-4 | <input type="checkbox"/> <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Payroll _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> Retirement Questionnaire | <input type="checkbox"/> <input type="checkbox"/> Automatic Deposit (optional) | <input type="checkbox"/> Board Action _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> Request to Hire Short Term Employee | | |