HARTNELL COLLEGE

PROFESSIONAL EXPERT EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

Last Name _____ First Name _____ SSN: _____

Address _____ Birthdate: _____ Gender: ☐ M ☐ F

City, State, ZIP _____ Phone: _____ Colleague ID: _____

* Attach completed Request to Hire Professional Expert (HR-12) when submitting

Department: _____ Assignment/Job Title: _____

BEGINNING DATE OF EMPLOYMENT: ____ / ____ / ____ (mo day year)

ENDING DATE OF EMPLOYMENT: ____ / ____ / ____ (mo day year)

PAYMENT INFORMATION:

Hourly Rate: $

Flat Rate: $

Has employee worked for Hartnell in the past? ☐ Yes ☐ No

If yes, please list dates and in what capacity: _____ (Dates) _____ (Assignment)

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*

BUDGET:

	Fund	Area	Location	Cost Center	Object	Percent
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

AUTHORIZATION SIGNATURES:

Dean or Dept. Manager _____ Date: _____

Human Resources Rep _____ Date: _____

For Office Use Only

☐	☐	Employment Application	☐	☐	Physician Designation
☐	☐	Prof Expert Employment Conditions	☐	☐	Oath/Drug Free/Privacy
☐	☐	I-9	☐	☐	Disposition of Warrants
☐	☐	W-4	☐	☐	Copy of Social Security Card
☐	☐	Retirement Questionnaire	☐	☐	Automatic Deposit (optional)
☐	☐	Request to Hire Professional Expert	☐	☐	Prof Expert Contract (if applicable)

For Human Resources Office Use Only

☐	Paperwork Complete	/ /
☐	MCOE	/ /
☐	Colleague	/ /
☐	Payroll	/ /
☐	Board Action	/ /