HARTNELL COLLEGE

SUBSTITUTE EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

Last Name _____ First Name _____ SSN _____

Address _____ Birthdate _____ Gender: ☐ M ☐ F

City, State, Zip _____ Phone _____ Colleague ID _____

STATUS:
☐ Replacement for employee on leave (not to exceed 180 days)
☐ Replacement for vacant position currently being recruited for (not to exceed 60 calendar days)

Name of absent employee:
Title of vacant position:
Date recruitment began:

Assignment is limited to current fiscal year (July 1 to June 30), regardless of appointment date.

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

WORK SCHEDULE: (enter # of hours, below)

	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 recordkeeping of hours/days worked by employee to ensure that number of days authorized is not exceeded.

BUDGET:

Fund	Area	Location	Cost Center	Object	Percent
					%
					%
					%

AUTHORIZATION SIGNATURES:

Manager _____ Date _____

Human Resources _____ Date _____

For Office Use Only

☐	☐	Employment Application	☐	☐	Physician Designation
☐	☐	Acknowledgement of Employment	☐	☐	Oath/Drug Free/Privacy
☐	☐	I-9	☐	☐	Disposition of Warrants
☐	☐	W-4	☐	☐	Automatic Deposit (optional)
☐	☐	Retirement Questionnaire	☐	☐	Copy of Social Security Card

For Human Resources Office Use Only

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