



HARTNELL COLLEGE

# SHORT-TERM EMPLOYMENT NOTICE

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

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- |   |  |   |
|---|--|---|
| <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 | <input type="checkbox"/> <input type="checkbox"/> Computer & Network Agreement |   |