

## **Temporary Employment Confirmation**

Professional Expert

Short-Term

Substitute

<b>Job Description (must be attached for all positions)</b>			
Employee Name:		Colleague ID:	
BUDGET ACCOUNT:P	POSITION ID:		OPC Office use only
BUDGET ACCOUNT:P	POSITION ID:		Earn Type:
DATES OF EMPLOYMENT: Beginning	Ending		Pay Rate:
Dates must be less than a 9-month period (Ed Code Sec	ction 88003 – 75% o	f a college year) exan	nple: July 1 – March 31.
<b>Professional Expert:</b> Object Code must be 2430 for instructional servi minimum wage is \$16.00/hr. All pay rates are subject to approval by			tive January 1, 2024 the
Short-Term or Substitute: Object code must be 2410 for instructional employees are placed on Step 1 of the negotiated salary range for Cl		l other types of services.	Short term and Substitute
Position title:	If substitute	. absent employee/tit	le:
Specialized Knowledge/Skills to be performed:			
Project/Description of duties – (See attached is not sufficient	nt):		
BOARD APPROVAL DATE: (OPC must approve a	all hires prior to being	g placed on the PCA for	Board approval)
Employing Supervisor/Colleague ID/Date:	Dean approv	al/Colleague ID/Date	:
Timecard approver/Colleague ID/Date:	President/Vio	e Chancellor/Chance	ellor/Date:
* * * * * * * * * * TO BE COMP	PLETED BY EMPLO	YEE * * * * * * * * * * * *	*
MAILING ADDRESS:			
P.O. Box/Street No.	City	State	Zip
TELEPHONE: SOC SE	FC NO:		
Retirement System: STRS: Yes No Retired	<b>PERS:</b> Yes 1	No Retired	Other:
I/We understand that YCCD Governing Board confirmation and that I must have the YCCD Temporary Classified applicat I-9, Demographic, CalPERS Exclusion, and the YCCD Marketplace 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 em- short-term, or substitute employee, I am <u>NOT</u> entitled to health and permanent status. I understand that I am an "at will" employee, on-call-	tion, EEO statement, e Coverage Options for ployment on the terms l welfare benefits due	W-4 Federal tax form orms on file with the Of stated herein. I understa	n, DE - State tax form fice of People & Culture nd that as a professional expert,
Signature of Employee		Date	