



HARTNELL COLLEGE

SUBSTITUTE EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

_____		_____	_____	
Last Name		First Name	SSN	
_____		_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address		Birthdate		
_____		_____	_____	
City, State, Zip		Phone	Colleague ID	

STATUS: Replacement for employee on leave (not to exceed 180 days) Name of absent employee: _____
 Replacement for vacant position currently being recruited for (not to exceed 60 calendar days) 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 _____		
<u>BEGINNING DATE OF EMPLOYMENT</u> _____ / _____ / _____			Wage information: Hourly rate: \$ _____		
mo day yr			Hourly rate based on:		
<u>ENDING DATE OF EMPLOYMENT</u> _____ / _____ / _____			<input type="checkbox"/> CSEA 95% of range Step A		
mo day yr			<input type="checkbox"/> 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
	_____	_____	_____	_____	_____	_____ %
	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"/> Automatic Deposit (optional) | <input type="checkbox"/> Payroll _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> Retirement Questionnaire | <input type="checkbox"/> <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Board Action _____ / _____ / _____ |
| <input type="checkbox"/> <input type="checkbox"/> Computer & Network Agreement | | |