

San Bernardino Community College District

DISTRICT NOTICE OF EMPLOYMENT

Name _____ Social Security No. _____

Address _____ Phone/Home _____
Number Street Apt Area Code Number

_____ Phone/Message _____
City State Zip Code Area Code Number

(Class 1)

(Class 2)

Reference Number		
Course Number		
Date of First Class:		
Total Hours Per Week:		

Additional information for substitutes only

Instructor for whom substituting: _____	Instructor I.D. Number: _____
Anticipated dates of substitution: _____	_____

To Be completed by Instruction/Student Services Office

(Class 1)

(Class 2)

Lecture Rate		
Lab Rate		
Clinical Rate		
Budget Number *		

* To be completed by Division Dean, if applicable (May omit if same budget no. for Class 1)

Signature: Department Chair	Date
Signature: Division Dean	Date
Signature: Vice President, Instruction/Student Services	Date