

**SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
NOTICE OF EMPLOYMENT**

The School District Governing Board of San Bernardino Community College District No. 272 has authorized employment for the person named herein; according to all the data contained on this document.

EMPLOYEE DATA SECTION – Complete all Sections

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1. Name (Last, First, Middle) _____
 2. Social Security So. _____ - _____ - _____
 3. Birthdate _____ / _____ / _____
Mo. Day Year
 4. Salary \$ _____ Per Hour/Daily Monthly Yearly
 5. Effective Date _____
 6. Check One Cert Class.
 7. Male Female
 8. **Accounting Classification** _____
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CREDENTIAL DATA SECTION – Complete All Four Parts

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1. Check One New Employee Position Change
 2. Credential Type _____
 3. Position Title _____
 4. Position Description _____
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RETIREMENT DATA SECTION – Complete All Appropriate Information

1. Retirement System None STRS PERS Medicare FICA Sur Ben

 2. **STATUS – Check One**
 Non Member Current Member
 New Member Retired Member
 Member of another Retirement System
Name of other System

 4. Position Type (STRS Only)
 Full Time Part Time
 Substitute
 5. Position Description (PERS only)
_____ Hours Worked per Day
_____ PERS Work Schedule Code
 3. Is the Employee Currently Employed in Another District and/or County? Yes No
When? _____
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CERTIFICATE OF THE GOVERNING BOARD

Board Member/Auth. Agent

Board Member

Board Member

Board Member

Board Member

Board Member