

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
Office of Human Resources and Employee Relations
SHORT-TERM EMPLOYMENT REQUEST AND AUTHORIZATION

Personnel are **ONLY** authorized to work after completion of this form, including signature and **Board Approval**. An authorization form must be completed for each assignment. Short term employees may work only one assignment at a time. Short term employees shall be employed on an hourly basis and shall be employed for less than 175 working days in any school year. Short term employees **MAY NOT WORK OVER 60 HOURS** per monthly pay period.

A *Supervisor's Letter stating the following **MUST BE** attached:*

- Justification for employing temporary personnel
- Description of duties to be performed
- Desired start and end dates and number of hours needed per week

Name _____	Social Security Number ___xxx-xx-_____
Site/Department _____	
Title of Assignment _____	
Pay Rate(s) _____	
<i>One of the following object codes must be used within the account number(s) you have listed: 2381, 2384, 2389, 2401 or 2404</i>	
Account Number(s) _____	

I have read and understand the conditions of my employment status. I understand that it is my responsibility to submit my timesheet, signed by my supervisor, by the payroll deadline. I understand that my signature assures that ALL information submitted is accurate and that I am not currently working in any other capacity in the SBCCD.

Employee Signature _____ **Date** _____

Supervisor **Vice-President of** _____

Vice Chancellor of Fiscal Services or Director of Fiscal Services **Vice Chancellor of Human Resources or Designee**

<i>Human Resource will complete upon Board Approval</i>		
Board Approval Date _____	Start Date _____	End Date _____

This section is for Payroll Use ONLY ***Notify Human Resources when total days reach 150**

Month	Hours Paid	Days Worked	TOTAL DAYS*	Month	Hours Paid	Days Worked	TOTAL DAYS*
JUL				JAN			
AUG				FEB			
SEPT				MAR			
OCT				APR			
NOV				MAY			
DEC				JUN			