

<p align="center">Short-Term, Substitute and Professional Expert Board Election Check Off List for Continuing (No Break) Employee</p>
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|--|
| <input type="checkbox"/> Board Election Complete |
| a. Top Portion Filled Out Completely |
| b. Budget Officer Signature |
| c. All Appropriate Signatures |
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OFFICE OF HUMAN RESOURCES

SHORT-TERM, SUBSTITUTE & PROFESSIONAL EXPERT
ELECTION REQUEST

Work Location: District Office Evergreen Valley College San Jose City College
 Other: _____

Assignment: Professional Expert Substitute for Active Employee
 Max: 185 working days per fiscal year Substitute for Vacant Position
 Max: 60 working days, must be in recruitment

Short-term
 Max: 60 days per peak period _____ Name of Active Employee _____ Name of Former Employee

Athletic Support Services
 Max: 60 days per peak period Intermittent Substitute (Police and Cosmetology only)
 Max: 10 consecutive days

Employee Information:

Position ID# (For Timesheet) _____ Requisition No. _____

Legal Last Name _____ Legal First Name _____ Legal M.I. _____ Social Security # _____ Employee ID# _____

Address (Street, City, State, Zip) _____ Phone Number _____ Cell Home

Gender: Male Female

1. Previously on District payroll? Yes No If yes, when? _____

2. Relatives in employment by District? Yes No
 If yes, name(s): _____

3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? Yes No If yes, what dept.? _____
 What is/was your title? _____

Position: Short-Term

Accounting Assistant
 Cashier
 Classroom/Lab/Tutor Aide
 Clerical Assistant I
 Clerical Assistant II
 Facility Technical Assistant
 Grant Position Title: _____
 Grant Rate of Pay: _____
 Office Assistant I
 Office Assistant II
 Police Special Events Officer
 Other: _____

Substitute

_____ Position
 (On Call Day to Day)
 _____ Position
 (Long Term Leave/Vacancy)

Athletic Support Services

Assistant Coach
 Sport/Level: _____
 Stipend Amount: _____
 Off -Season
 Sport/Level: _____
 Stipend Amount: _____
 Assistant Coach
 Sport/Level: _____
 Stipend Amount: _____
 Off -Season
 Sport/Level: _____
 Stipend Amount: _____
 Camp Director
 Stipend Amount: _____
 Athletic Site Supervisor
 Scorekeeper/Timekeeper
 Camp Counselor

Professional Expert

Art Model
 Interpreter (ASL) Rate of Pay: _____

Health Science

EMT Skills Trainer
 Counselor Intern Rate of Pay: _____

Health Center Services

Clinic Physician
 Medical Assistant
 Medical Director Rate of Pay: _____

Trainers (FKCE/IL/WI)

Program Asst. Trainer
 Program Trainer
 Program Master Trainer
 WI Trainer Rate of Pay: _____
 Discipline: _____

Start Date: _____ End Date: _____ Specify Peak Period (s) _____

Hours/Days: _____ Hours/Week: _____ Work Schedule: _____

(Attach work calendar)

Required Employment Documents for New or Returning Employees (If more than one year since employed)

I-9 DE4/W4 Copy of Acceptable Documents from List A or B & C from Form I-9 Payroll Information Form

Employment Information Form Member Reciprocal Self-Certification Employment Application

Personal Data Report Form Workers' Comp. Physician Form Applicant Employee Survey

Notice of Exclusion from CalPERS Form Documents Already on File

Account Information:

Account #: _____ % _____

Account #: _____ % _____

Employment Authorization:

Election Request Prepared by: _____ Print Name _____ Date: _____

Dean/Administrator: _____ Print Name _____ Signature: _____ Date: _____

V.P./President: _____ Print Name _____ Signature: _____ Date: _____

Academic/Admin. Serv./Budget Officer: _____ Print Name _____ Signature: _____ Date: _____

Human Resources Processing:

Approved By: HR Director _____ Processed By HR: _____

TB Test Date: _____ Fingerprints Completion Date: _____ Board Date: _____ App/Docs on File: _____

Position ID: _____ Requisition No.: _____ Rate of Pay: _____