### Short-Term, Substitute and Professional Expert Board Election Check Off List for Continuing (No Break) Employee

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<tbody>
<tr>
<td>□</td>
<td>Board Election Complete</td>
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<tr>
<td></td>
<td>a. Top Portion Filled Out Completely</td>
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<td></td>
<td>b. Budget Officer Signature</td>
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<td>c. All Appropriate Signatures</td>
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OFFICE OF HUMAN RESOURCES

SHORT-TERM, SUBSTITUTE & PROFESSIONALEXPERT
ELECTION REQUEST

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

Assignment:  
☒ Professional Expert ☐ Substitute for Active Employee ☐ Substitute for Vacant Position
☐ Short-term 
☐ Max: 60 days per peak period ☒ Intermittent Substitute (Police and Cosmetology only) 
☐ Max: 10 consecutive days

Other:  
☐ Athletic Support Services
☐ Max: 60 days per peak period

Name of Active Employee

Name of Former Employee

Employee Information:

Legal Last Name
Legal First Name
Legal M.I.

Address (Street, City, State, Zip)

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): ____________________

Birthday: ____________________

Department: ____________________

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:  
☐ Accounting Assistant ☐ Cashier ☐ Classroom/Lab/Tutor Aide
☐ Clerical Assistant I ☐ Clerical Assistant II ☐ Facility Technical Assistant
☐ Grant Position Title: ______

Grant Rate of Pay: ______

Sport/Level: ______

Stipend Amount: ______

☐ Office Assistant I☐ Office Assistant II ☐ Police Special Events Officer
☐ Other: ______

Substitute  
☐ (On Call Day to Day) ☐ (Long Term Leave/Vacancy)

Position

Stipend Amount: ______

Sport/Level: ______

Scorekeeper/Timekeeper

☐ Camp Counselor

Athletic Support Services

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/VI)

Program Asst. Trainer

Program Trainer

Program Master 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 ☐ DE-4/W4

Employment Information Form

Personal Data Report Form

Notice of Exclusion from CalPERS Form

Copy of Acceptable Documents from List A or B & C from Form I-9

Member Reciprocal Self-Certification

Workers’ Comp. Physician Form

Documents Already on File

Payroll Information Form

Employment Application

Applicant Employee Survey

Account Information:

Account #: ____________________

% ____________________

Account #: ____________________

% ____________________

Employment Authorization:

Date: ____________________

Print Name

Date: ____________________

Signature

Date: ____________________

Print Name

Date: ____________________

Signature

Date: ____________________

Print Name

Date: ____________________

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Rate of Pay: ______

TB Test Date: ___________

Fingerprints Completion Date: ___________

Board Date: ___________

App/Docs on File: ___________

Position ID: ___________

Requisition No.: ___________

HR.12.18.2014