

Short-Term, Substitute and Professional Expert Board Election Check Off List for Continuing (No Break) Employee
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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	<input type="checkbox"/> Cell <input type="checkbox"/> Home
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	1. Previously on District payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____		
Birthdate: _____	2. Relatives in employment by District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name(s): _____		
Department: _____	3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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:

Dean/Administrator:

V.P./President

Academic/Admin. Serv./Budget Officer:

Human Resources Processing:

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

Position ID:

HR.12.18.2014

Requisition No.:

Rate of Pay: