

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 process
☐ Short-term
 Max: 60 days per peak period _____ Name of Active Employee _____ Name of Former Employee
☐ Athletic Support Services ☐ Intermittent Substitute (Police and Cosmetology only)
 Max: 60 days per peak period 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: _____

Substitute

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

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> I-9 <input type="checkbox"/> DE4/W4 | <input type="checkbox"/> Copy of Acceptable Documents from List A or B & C from Form I-9 | <input type="checkbox"/> Payroll Information Form |
| <input type="checkbox"/> Employment Information Form | <input type="checkbox"/> Member Reciprocal Self-Certification | <input type="checkbox"/> Employment Application |
| <input type="checkbox"/> Personal Data Report Form | <input type="checkbox"/> Workers' Comp. Physician Form | <input type="checkbox"/> Applicant Employee Survey |
| <input type="checkbox"/> Notice of Exclusion from CalPERS Form | | <input type="checkbox"/> 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:

HR.12.18.2014