Non-Academic Non-Classified Personnel Action Sheet

Submit this form, with appropriate signatures, to the Administrative Services/Business Office, BEFORE employee is cleared to work by District Human Resources.

*Employee Name	Employee ID	1	*Officer Code (see limitations below):
		STRUCT B	
	ABSO Bookstore Badge No.		*Reason:

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*DOJ Clearance Date:	Position	tion# *Job Cod		ode Empl Rec		* Effective Date	*Job End Date	* FTE**	*Standard Hours		
									[/] Week		
*Position Title:			I	*Pay Rat	· • ·	**FTF to reflect actual pro	jected weekly hours to be	worked (example 25 hours per week = 0.6	225 ETE\		
Position file:			Pay Nale.		**FTE to reflect actual projected weekly hours to be worked (example 25 hours per week = 0.625 FTE)						
*Department Code *Business Unit			*Location		*Combo Code (HR) *GL Account #:			*Distribution %			
*Reports to Supv/Mgr (Print Name):			*Reports to Position#		-						
*LIMITATIONS – Refer to Guide	lines for Hiri	ng and Employment of Nor	-Academic Non-(lassified En	nployees: THIS ASSIGNMEN	NT RESULTS FROM:					
	Subst	itute for an absent Contract	t Classified Emplo	/ee (limit 17	75 days) Name of Absent I	Fmplovee					
Substitute for an absent Contract Classified Employee (limit 175 days) Name of Absent Employee: Substitute for a Vacant Contract Classified Position (limit 50 consecutive days) (Currently in recruitment) Vacant Position #:											
Short-Term (limit 175 days) – Employment may not begin until their service has been certified by the Board of Trustees. Board Approval Date:											
Personal Services Contracts (limit 175 days) - may only be provided to the specific classifications indicated. Include NANCE Position Authorization Form.											
	Profe	ssional Expert - Perform ten	nporary project w	ork, regardle	ess of length of time. Include	e Professional Expert/Consultan	Authorization Form and Eval	uation of Employer/Employee Relationship F	orm		
Professional Expert - Perform temporary project work, regardless of length of time. Include Professional Expert/Consultant Authorization Form and Evaluation of Employer/Employee Relationship Form It is the District's policy that continuous service <u>WILL NOT</u> be provided by employing two or more temporary employees or by releasing an employee after working approximately 175 days only to rehire the employee or another employee in the subsequent fiscal year to perform the same or similar services.											
Signature of Supervisor				_ Da	ate	Signature of Dean/M	anager		Date		
	and will no								e released early, or the assignment may be extended. Asl ST COMPLETE A NEW APPLICATION PACKET in addition to		
Have you worked for o	retired fro	m the San Diego Commur	nity College Distr	ict in the pa	ast fiscal year? Yes	No	Worked Retired	If yes, Position Title:			
Are you currently work	ng for the S	an Diego Community Coll	ege District?	Yes	No If Ye	s, where?					
Are you a Part-Time St	udent part	of SDCCD Work Study Pro	ogram?	Yes	No	Are you a Full-Time Studer			er institution?		
Are you an Internation	al Student?	Yes N	0			If Yes at SDCCD or Other a	ccredited institution, attac	n a STUDENT WAIVER of you are carryin	g at least 12 units, copy of enrollment required)		
Employee's Signature						Da	ite				
PLEASE REMEMBER: EMPLO	YEES WHO	DO NOT <u>CORRECTLY</u> SUE	MIT THEIR TIM	IN HCM B	BY THE CAMPUS PAYROLL	SUBMISSION DATE WILL NO	T RECEIVE A PAYCHECK ON	N THE 10TH OF THE FOLLOWING MONTH	I.		
VP Admin Services Signature:					Date	_					
HR PAYROLL USE ONLY											
Employment Date	DBT	Date	Compensatio	n (special rate	e/Q Step) Date	Retirement	Date	Payroll Date	Benefits Date		

*Required field Rev. 10/05/2018