

REQUEST FOR NEW EMPLOYMENT FOR PROFESSIONAL EXPERT OR INTERN (2312)

TO BE COMPLETED BY EMPLOYEE

Name (please print) _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

(_____) _____ Male _____ Female _____
Area Code Phone Number Date of Birth Email Address

Are you presently a member of the California Public Employees' Retirement System (CalPERS)? Yes _____ No _____

Are you currently working in another department or division? Yes ___ No ___ Please indicate where: _____

I understand and agree that I am limited to working 900 hours or 170 days, whichever comes first, during a fiscal year (July 1-June 30).

Signature _____ Date _____

(Please complete reverse side)

TO BE COMPLETED BY SUPERVISOR

IMPORTANT: This form should **ONLY** be used to hire a new Professional Expert or Intern. Also, use this form for classification change (*example: switching employee from College Assistant to Professional Expert or Intern*) If you are unsure, please contact the Human Resources Office for assistance at (626) 585-7388.

Contact Person _____ Ext. _____ Department _____

Check employment classification: Professional Expert _____ Intern _____

Requested Start Date: _____ Pay Rate: _____

Labor Distribution: _____ 2312 _____ EMP#: _____

_____ 2312 _____ EMP#: _____

What "expertise", license or certificate qualifies this position as a Professional Expert?

Expertise: _____ Licensure: _____ Special Skill: _____

Technical Expertise: _____ Certification: _____

Does the title of this position currently exist as a classified, faculty or short-term employee? _____

Is this an instructional credit course position? _____

Does the employee have their own professional liability insurance? _____

Is this an academic support service position? _____

Duties: _____

PLEASE NOTE: New employees **CANNOT** start employment until the manager receives an email approval indicating the effective start date from Human Resources.

By signing this document, I certify that I have adequate funding in my budget to accommodate this expenditure (including any employer mandated costs FICA, paid sick leave, etc.)

Cost Center Manager's Name _____ Signature _____ Date _____

Pasadena Area City College District
Office of Human Resources

WARRANT(S) RECIPIENT DESIGNATION

Under the provisions of Section 53245 of the California Government Code, in the event of my death I hereby designate the following-named person to be entitled to receive all warrants payable to me by the Pasadena Area Community College District had I survived:

Designee's Name in Full

Relationship

Address

City

State

Zip

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled in writing by me. It is expressly understood and agreed that the Pasadena Area Community College District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrant(s) from the Pasadena Area Community College District and provides to said School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

ETHNIC CODE, please check one:

____ American Indian or Alaskan Native

____ White (Non-Hispanic)

____ Black or African American

____ Native Hawaiian or Pacific Islander

____ Hispanic / Latino

____ Two or More Races

____ Asian

____ Unreported or Unknown

OATH OF ALLEGIANCE

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature of Employee (Use Payroll Name)

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

By _____
Name of person administering the Oath

Deputy

Title

TO BE COMPLETED BY FISCAL SERVICES

Position Control #

Job Class #

Work Location #

Budget Approval

Date

Budget Reference #

TO BE COMPLETED BY HUMAN RESOURCES

Assistant Director, Human Resources

Date

Authorized Start Date