



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

Temporary Employee Assignment Authorization Form

Job Title: _____

(Refer to Temporary Position Roster)

Hourly Rate: \$ _____ Flat Rate/Lump Sum: \$ _____ **Schedule: 4 Ten hour days or 5 Eight hour days**

Board Approval Date (Prior to Start Date) _____

Start Date _____

End Date _____

Type of Assignment

<input type="checkbox"/> (T4) Temporary Substitute Position # _____ Absent Employee: _____	Any person employed to replace a classified employee who is temporarily absent from duty.
<input type="checkbox"/> (T2) Temporary-In-Vacancy Position # _____ Vacant Position Title: _____	Any temporary assignment used to fill a vacancy. Assignment is limited to 90 calendar days (for ACE and CSEA).
<p>Short-term Employees:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Temporary Seasonal (T7) To cover peak work loads of not more than 6 weeks per Quarter or a scheduled summer session. <input type="checkbox"/> Temporary (T3) To cover special projects or assignments with a specific beginning and ending date; and assigned for a period not to exceed 180 days. <input type="checkbox"/> Intermittent (T5) Not to exceed 45 days per fiscal year. <input type="checkbox"/> Allied Health (T3) Allied Health Specialist and RN Program Support used in an instructional capacity. <input type="checkbox"/> Interim Administrator (T8) Per Title V, Section 53021, not to exceed one year from date of hire. <input type="checkbox"/> Professional Expert (T9) An employee with specialized knowledge or expertise not generally required of, or found within, the employee classifications established by the governing board pursuant to Section 88001. 	

Division Name: _____ Campus Location: _____

Supervisor's Name*: _____ Supervisor's Signature: _____ Phone: _____

***Supervisor will approve online Timesheet**

Budgeteer Approval: _____ FOAP or Index: _____ Phone: _____

Employee Category

- First Time Temporary Employee
- Extension of Previous Assignment
- Previous Temporary Employee
- Current FHDA Employee

FHDA Employee Status

- Faculty/Classified Employee (X1)
- Part-time Faculty (X1)
- Retiree (T6)
- Lump Sum (T1)

(To be completed and signed by employee to be hired for temporary assignment)

Employee Name: _____ CWID or Last Four Digits of SS #: _____
 (Please print)

MUST check one of the following: (Employees are responsible to notify HR if PERS/STRS status change)

I am a current member of PERS/STRS I am not a member of PERS/STRS I am a PERS/STRS retiree

Relatives currently employed by the Foothill-De Anza Community College District:

Name: _____ Dept.: _____ Campus: _____

I agree to the above assignment and pay rate:

Employee Signature: _____ Date: _____

For Human Resource use only

EID # _____ Position # _____ Copy to _____ on _____