

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

Temporary Employee Assignment Authorization Form

Job Title: _____ Class Code: _____ Range _____

(Refer to Temporary Position Roster)

Hourly Rate: _____ Flat Rate/Lump Sum: _____ Monthly Rate: _____

Board Approval Date (Prior to Start Date)

Start Date

End Date

Type of Assignment

<input type="checkbox"/> (R) Temporary Substitute Position # _____ Absent Employee: _____	Any person employed to replace a classified employee who is temporarily absent from duty.
<input type="checkbox"/> (M) Temporary-In-Vacancy Position # _____ Vacant Position Title: _____	Any temporary assignment used to fill a vacancy. Assignment is limited to 60 calendar days (90 calendar days for CSEA).
<p><u>Each requires prior Board approval:</u></p> <p>_____ Temporary Seasonal (Y) To cover peak work loads of not more than 6 weeks per quarter or a scheduled summer session.</p> <p>_____ Temporary (Q) To cover special projects or assignments with a specific beginning and ending date; and assigned for a period not to exceed 180 days.</p> <p>_____ Intermittent (S) Not to exceed 45 days per fiscal year.</p> <p>_____ Allied Health (Q) Allied Health Specialist and RN Program Support used in an instructional capacity.</p>	

Division Name: _____ Division Code: _____ Dept. Code: _____ Timekeeping Loc _____

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

(Please print)

Budgeteer Approval: _____ Budget Code: _____ Phone: _____

Employee Category

FHDA Employee Status

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

☐ Faculty Employee
☐ Classified Employee
☐ Part-time Faculty (X)
☐ Retiree (T)

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

Employee Name: _____ Last Four Digits of Social Security #: _____

(Please print)

☐ I am 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

Assignment# _____ Position# _____ Copy to _____ on _____