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

Temporary Employee Assignment Authorization Form

Job Title: _____ Position #: _____ Range: _____
(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

__ (T4) Temporary Substitute Position # _____ Absent Employee: _____	Any person employed to replace a classified employee who is temporarily absent from duty.
__ (T2) 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).
<u>Each requires prior Board approval:</u> _____ Temporary Seasonal (T7) _____ Temporary (T3) _____ Intermittent (T5) _____ Allied Health (T3)	To cover peak work loads of not more than 6 weeks per quarter or a scheduled summer session. To cover special projects or assignments with a specific beginning and ending date; and assigned for a period not to exceed 180 days. Not to exceed 45 days per fiscal year. Allied Health Specialist and RN Program Support used in an instructional capacity.

Division Name: _____ Division Code: _____ Dept. Code: _____

Supervisor's Name: _____ Supervisor's Signature: _____ Phone: _____
<mark>*Supervisor will approve online Timesheet</mark>

Budgeteer Approval: _____ FOAP: _____ Phone: _____

Employee Category
___ First Time Temporary Employee
___ Extension of Previous Assignment
___ Previous Temporary Employee
___ *Current FHDA Employee*

FHDA Employee Status
___ *Faculty Employee*
___ *Classified Employee*
___ *Part-time Faculty (X1)*
___ *Retiree (T6)*

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

Employee Name: _____ Last Four Digits of Social Security #: _____
(Please print)

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

_____ 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: _____