

REQUEST FOR NEW EMPLOYMENT OF A COLLEGE ASSISTANT (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 State Teachers Retirement System (CalSTRS) ? Yes _____ No _____

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: _____

Do you have any criminal convictions for any offenses (other than a minor traffic violation/infraction)? Yes _____ No _____

If you have a record of convictions for offenses (felonies or misdemeanors) other than minor traffic violations as an adult, you **must** complete Form No. 10, available in Human Resources. Failure to do so is cause for dismissal. A conviction record does not necessarily exclude you from employment with the District.

I understand and agree that during this semester my only employment with PCC can be as a College Assistant or Instructional Aide. I also 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 warrant, ethnicity and oath on reverse side)

TO BE COMPLETED BY SUPERVISOR

IMPORTANT: This form should **ONLY** be used to hire a new College Assistant. Also, use this form if there is a break in service or a classification change (example: not worked for a semester or employee is switching from Student Worker to College Assistant). If you are unsure, please contact the Human Resources Office for assistance at (626) 585-7388.

Contact Person _____ Ext. _____ Department _____

_____ 2312 _____

EMP#: _____

_____ 2312 _____

EMP#: _____

Requested Start Date: _____

College Assistant: _____

Duties: _____

Pay Rate: _____

Is this individual:

- Reasonably expected to work 30 or more hours per week?
- Reasonably expected to work 30 hours or less per week?
- Seasonal/variable hour – cannot reasonably estimate the expected number of hours per week?

PLEASE NOTE: Employees cannot start employment until the Human Resources Office approves their assignment. HR will send an email approval to the Cost Center manager indicating the effective date.

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 _____

TO BE COMPLETED BY FISCAL SERVICES

Position Control # _____

Job Class # _____

Work Location # _____

Budget Approval _____

Date _____

Budget Reference # _____

WARRANT, ETHNICITY, AND OATH

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
____ Black or African American
____ Hispanic / Latino
____ Asian

____ White (Non-Hispanic)
____ Native Hawaiian or Pacific Islander
____ Two or More Races
____ 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 HUMAN RESOURCES

Human Resources Supervisor Signature

Date

Authorized Start Date