

**REQUEST FOR NEW EMPLOYMENT OF AN INSTRUCTIONAL AIDE (2410)**  
**(Aides assisting instructors in the classroom)**

**TO BE COMPLETED BY EMPLOYEE**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

\_\_\_\_\_  
Date of Birth

Male \_\_\_\_ Female \_\_\_\_

\_\_\_\_\_  
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 Instructional Aide. 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 or Professional Expert to Instruction Aide*). If you are unsure, please contact the Human Resources Office for assistance at (626) 585-7388.

Contact Person \_\_\_\_\_ Ext. \_\_\_\_\_ Department \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Instructional Aide: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Labor Distribution: \_\_\_\_\_ 2410 \_\_\_\_\_ EMP#: \_\_\_\_\_

\_\_\_\_\_ 2410 \_\_\_\_\_ EMP#: \_\_\_\_\_

**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?

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:

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White (Non-Hispanic)                |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic / Latino                 | <input type="checkbox"/> Two or More Races                   |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> 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