

# Non-Academic Non-Classified Personnel Action Sheet

Submit this form, with appropriate signatures, to the Administrative Services/Business Office, **BEFORE** employee is cleared to work by District Human Resources.

*Employee Name	Employee ID
	ABSO Bookstore Badge No.



\*Assignment Type (see limitations below):

\*Reason:

*DOJ Clearance Date:	Position#	*Job Code	Empl Rec	*Salary Plan	*Assignment Begin Date	*End Date	*FTE**	*Max Hours Per Week/Month /
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*Position Title:		*Pay Rate:	**FTE to reflect actual projected weekly hours to be worked (example 25 hours per week = 0.625 FTE)					
*Department Code	*Business Unit	*Location	*Combo Code (HR)		*GL Account #:		*Distribution %	
*Reports to Supv/Mgr (Print Name):		*Reports to Position#						

**\*LIMITATIONS** – Refer to Guidelines for Hiring and Employment of Non-Academic Non-Classified Employees: THIS ASSIGNMENT RESULTS FROM:

- \_\_\_\_\_ Substitute for an absent Contract Classified Employee (limit 175 days) **Name of Absent Employee:** \_\_\_\_\_
- \_\_\_\_\_ Substitute for a Vacant Contract Classified Position (limit 50 consecutive days) (Currently in recruitment) **Vacant Position #:** \_\_\_\_\_
- \_\_\_\_\_ Short-Term (limit 175 days) – *Employment may not begin until their service has been certified by the Board of Trustees.* **Board Approval Date:** \_\_\_\_\_
- \_\_\_\_\_ Personal Services Contracts (limit 175 days) - may only be provided to the specific classifications indicated. *Include NANCE Position Authorization Form.*
- \_\_\_\_\_ Professional Expert - *Perform temporary project work, regardless of length of time. Include Professional Expert/Consultant Authorization Form and Evaluation of Employer/Employee Relationship Form*

It is the District's policy that continuous service **WILL NOT** be provided by employing two or more temporary employees or by releasing an employee after working approximately 175 days only to rehire the employee or another employee in the subsequent fiscal year to perform the same or similar services.

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Signature of Dean/Manager \_\_\_\_\_ Date \_\_\_\_\_

**FOR COMPLETION BY EMPLOYEE:**

This assignment is temporary and will not lead to permanent employment with the San Diego Community College District nor is it a commitment or guarantee of employment through the dates listed above. You may be released early, or the assignment may be extended. Ask your supervisor if you have questions regarding assignment length. (If you are interested in permanent employment, please visit <https://sdccdjobs.com>.)

Have you worked for or retired from the San Diego Community College District in the past fiscal year?  Yes  No |  Worked  Retired If yes, Position Title: \_\_\_\_\_

Are you currently working for the San Diego Community College District?  Yes  No If Yes, where? \_\_\_\_\_

Are you a full-time student or international student?  Yes  No |  Full-Time  International Work-Study Program?  Yes  No  
 (\* Attach a STUDENT WAIVER if you are carrying at least 12 units from an accredited institution, copy of enrollment required, OR are a part-time student in the SDCCD Work-Study or Work Experience Program)

(If you have not worked for the District in over 18 months, you MUST COMPLETE A NEW APPLICATION PACKET in addition to this form.)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE REMEMBER: EMPLOYEES WHO DO NOT CORRECTLY SUBMIT THEIR TIME IN HCM BY THE CAMPUS PAYROLL SUBMISSION DATE WILL NOT RECEIVE A PAYCHECK ON THE 10TH OF THE FOLLOWING MONTH.**

VP Admin Services Signature: \_\_\_\_\_ Date \_\_\_\_\_

**HR PAYROLL USE ONLY**

Employment	Date	DBT	Date	Classification (Professional Experts)	Date	Compensation (special rate/Q step)	Date	Payroll	Date	Benefits/Retirement	Date
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