

VICTOR VALLEY COMMUNITY COLLEGE
SHORT-TERM PERSONNEL ACTION FORM

This is not a contract and may not be used as such by either the temporary employee or the District. **A NEW EMPLOYEE TO THE DISTRICT MUST COME TO HUMAN RESOURCES TO COMPLETE ALL REQUIRED DOCUMENTS. ALL EMPLOYEES ARE NOT PERMITTED TO WORK UNTIL FINAL AUTHORIZATION FROM HUMAN RESOURCES HAS BEEN RECEIVED BY SUPERVISOR.**

THIS SECTION TO BE READ AND COMPLETED BY PROSPECTIVE EMPLOYEE: (Please Print)

NAME: _____ BIRTHDATE: _____ SOCIAL SECURITY #: XXXX-XX-_____

ADDRESS: _____ CITY: _____ ZIP: _____ HOME PH #: _____

- Are you related to a current employee of the District? NO YES Name of employee: _____ Dept: _____
- Are you a retiree of STRS _____ or PERS _____ or Neither _____; or PERS member working in another district? No _____ Yes, where _____
- Are you a new employee of VVC? YES _____ NO _____ Working in some other capacity? YES _____ Dept? _____ Position? _____
- If not currently working, did you ever work for VVC? NO _____ YES _____ If yes, what year(s)? _____ What position? _____

This temporary assignment will not lead to permanent employment with the Victor Valley Community College District. This is not a commitment or guarantee of employment through any specific dates nor a guarantee of hours. You may be released early from this project. You are limited to 150 days in the fiscal year including all short-term employment and must notify all supervisors of additional projects in other departments.

EMPLOYEE SIGNATURE: _____ DATE: _____

I understand I cannot begin work nor be paid until my supervisor has received an authorized START DATE from Human Resources.

THIS SECTION TO BE COMPLETED BY THE REQUESTOR/SUPERVISOR/BUDGET:

SHORT-TERM subject to EC88003- All short-term employment INCLUDING DAYS IN ALL DEPARTMENTS MAY NOT EXCEED 150 DAYS in a fiscal year. Specific projects must have a designated ending date and description of duties, which may not be continuous in nature.
(Authorized Start Date may be later than requested and all dates must be within same fiscal year) DEPARTMENT: _____

REQUESTED PROJECT DATES

DESCRIBE PROJECTS/DUTIES

_____	_____
_____	_____
_____	_____
_____	_____

(May not exceed 150 days incl. all depts.)

AVERAGE # DAYS PER MONTH: _____ # OF MONTHS: _____ EST. # HRS NEEDED _____ MAXIMUM # OF DAYS _____

- | | | |
|--------------------------------|---------------------------------|--|
| ___ ASST. COACH (_____) | ___ EVENTS WORKER | ___ PAC HOUSE MANAGER |
| ___ BASIC SKILLS AID | ___ INTERPRETER (SIGN LANGUAGE) | ___ PAC HOUSE WORKER |
| ___ BOOKSTORE CASHIER | ___ LIFE DRAWING MODEL | ___ VAN DRIVER |
| ___ BOOKSTORE STOCKER | ___ OFFICE WORKER | ___ SUMMER PROGRAM ASSISTANT
(FEDERALLY FUNDED) |
| ___ COMMUNITY SERVICE-FEE BASE | ___ OPERATIONS WORKER | ___ OTHER _____ (BOARD APP. ONLY) |

ESTIMATE FUNDS NEEDED \$ _____ BUDGET # _____ - _____ - _____ - _____ - _____ - _____
Program Sub-program

1) REQUESTED BY: _____ DATE: _____ 2) DEAN/DIRECTOR: _____ DATE: _____

The employee may **NOT** begin work until Personnel Action Form has been fully processed and **START DATE** has been authorized by Human Resources.
NEW EMPLOYEES TO THE DISTRICT MUST COMPLETE ALL REQUIRED EMPLOYEE DOCUMENTS IN HUMAN RESOURCES.

3) V-P: _____ DATE: _____ 4) FISCAL SERVICES: _____ DATE: _____

PAYROLL USE:

PAF RECEIVED IN PAYROLL: _____ - _____ - _____

NUMBER OF TIME SHEET PRINTED: _____ DATE _____ RATE: \$ _____

HR APPROVAL DATE: _____ - _____ - _____

**HUMAN RESOURCES
AUTHORIZED START DATE:** _____ - _____ - _____

DISTRIBUTION AFTER PROCESSING: H/R REQUESTOR PAYROLL DEAN, DIRECTOR or