



HARTNELL COLLEGE

# PROFESSIONAL EXPERT EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SSN: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  M  F  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_ Colleague ID: \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

**\* Attach completed Request to Hire Professional Expert (HR-12) when submitting**

Department: \_\_\_\_\_ Assignment/Job Title: \_\_\_\_\_

**BEGINNING DATE OF EMPLOYMENT:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo day year

**PAYMENT INFORMATION:**

Hourly Rate: \$ \_\_\_\_\_  
 Flat Rate: \$ \_\_\_\_\_

**ENDING DATE OF EMPLOYMENT:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo day year

Has employee worked for Hartnell in the past?  Yes  No

If yes, please list dates and in what capacity:

Dates	Assignment
_____	_____

**WORK SCHEDULE: (Enter # of hours)**

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____	_____

Attendance Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor of Record: \_\_\_\_\_ Phone: \_\_\_\_\_

*\* Manager or Supervisor who is authorized to sign timecards*

**BUDGET:**

Fund	Area	Location	Cost Center	Object	Percent
_____	_____	_____	_____	_____	_____
Fund	Area	Location	Cost Center	Object	Percent
_____	_____	_____	_____	_____	_____

**AUTHORIZATION SIGNATURES:**

Dean or Dept. Manager \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Rep \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

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- |   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Employment Application              | <input type="checkbox"/> <input type="checkbox"/> Physician Designation                |
| <input type="checkbox"/> <input type="checkbox"/> Prof Expert Employment Conditions   | <input type="checkbox"/> <input type="checkbox"/> Oath/Drug Free/Privacy               |
| <input type="checkbox"/> <input type="checkbox"/> I-9                                 | <input type="checkbox"/> <input type="checkbox"/> Disposition of Warrants              |
| <input type="checkbox"/> <input type="checkbox"/> W-4                                 | <input type="checkbox"/> <input type="checkbox"/> Copy of Social Security Card         |
| <input type="checkbox"/> <input type="checkbox"/> Retirement Questionnaire            | <input type="checkbox"/> <input type="checkbox"/> Automatic Deposit (optional)         |
| <input type="checkbox"/> <input type="checkbox"/> Request to Hire Professional Expert | <input type="checkbox"/> <input type="checkbox"/> Prof Expert Contract (if applicable) |
| <input type="checkbox"/> <input type="checkbox"/> Computer & Network Use Agreement    |  |

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Paperwork Complete | _____ / _____ / _____ |
| <input type="checkbox"/> MCOE               | _____ / _____ / _____ |
| <input type="checkbox"/> Colleague          | _____ / _____ / _____ |
| <input type="checkbox"/> Payroll            | _____ / _____ / _____ |
| <input type="checkbox"/> Board Action       | _____ / _____ / _____ |