



HOOD COLLEGE TEMPORARY EMPLOYMENT AGREEMENT

AGREEMENT FORM for Year _____

_____ ACADEMIC YEAR _____ SUMMER

This temporary employment agreement is used by the temporary employee and the College for planning purposes. It does not alter the at-will employment relationship between the College and the employee.

Are you working on Campus already? ___ Yes ___ No Supervisor Name: _____

Please Note: Students may NOT Work more than a TOTAL of 11 hours per week even with multiple jobs.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security-Last 4 digits: ~~XX-XX~~ _____ Date of Birth: ____ - ____ - ____ Phone: ____ - ____ - ____

Personal email address: _____

Current Hood Student: ___ Yes ___ No Previous employment with the College: ___ Yes ___ No

Emergency Contact Name & Number: _____ #: ____ - ____ - ____

Relationship to Employee _____

Hiring Agreement -- To be completed by Supervisor

_____ Employed by: _____
Employee Name Name of Department

Job Title: _____ Supervisor: _____

Start Date: _____ Expected End Date: _____

Rate of Hourly Pay \$: _____ Hours per week: _____

Budget Acct# _____ - _____ - 6170-1 Total Approved \$: _____

If the new employee has not been previously employed by the College, she/he must complete an I-9 form, state tax form, and federal tax form within three business days of her/his start date. As required by the Immigration Reform Control Act, she/he must appear in person in the Department of Human Resources with appropriate documentation to complete the Employment Eligibility Verification Form (I-9) within three (3) business days of her/his start date. Failure to comply will result in termination of her/his employment.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Human Resources Authorization _____ Date _____

Please make a copy for your records

HR Use Only: Job # _____ Employee ID # _____ Date entered in system _____