



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.

Name _____

Address _____

City _____ State _____ Zip _____

College Mail Box # _____ Telephone # (Home) _____ (Cell #) _____

Social Security Number _____ Date of Birth _____

Emergency Contact Name and Number _____ #: _____

Relationship to Employee _____

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

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 _____

Approved Budget Acct # _____ 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 _____