

HOOD COLLEGE

TEMPORARY EMPLOYMENT AGREEMENT FORM for YEAR _____

_____ **SPRING** _____ **SUMMER** _____ **FALL** _____ **ACADEMIC YEAR**

This form 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 employed in another position on Campus? Yes No **If yes, how many hours per week? _____

Please Note: Students may not work more than 11 hours per week in one job or across multiple positions.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Contact #: _____

Social Security Last 4 Digits: XXX-XX-_____ Date of Birth: _____

Emergency Contact Name: _____ Contact #: _____

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

Hiring Agreement -- To be completed by Supervisor

_____ Employed by _____
Employee Name Department Name

Job Title: _____ Supervisor: _____

Start Date: _____ Expected End Date: _____

Hourly Pay Rate: \$_____ Stipend: Yes ___ No ___ Budget Acct #: _____ - _____ -6107

Hours per week: _____ Total Approved \$: _____

New hires not previously employed by the College will receive a Human Resources email with an on-boarding link to new hire paperwork. Forms must be completed three days in advance of their start date. As required by the Immigration Reform Control Act, they also must appear **in person** to the HR Department with appropriate documentation to complete the Employment Eligibility Verification Form (I-9) within three (3) business days of their start date. Failure to comply will result in termination of their employment.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Signature of VP/President _____ Date _____

Please make a copy for your records

Human Resources Authorization _____ Date _____

HR Use Only: Job # _____ Employee ID# _____ Date Entered in System _____