

NEW EMPLOYEE ☐ YES ☐ NO

FISCAL YEAR _____

FORM-6

PERSONNEL PAYROLL ACTION



This form is mandatory when requesting to employ temporary/short-term or student personnel to perform short-term projects and not for performance of routine duties. In addition, this form is to employ substitutes to temporarily replace a classified employee who is absent from duty. **All short-term, substitute, regular employee, temporary faculty, student worker and federal work-study positions must signed by an Executive Manager. In addition all short-term, substitute, regular employee, temporary faculty must receive Board approval, live scan clearance, and negative TB test results prior to the start of work.**

SSC ID # _____ NAME _____

CLASSIFIED

- ☐ **Short-term Seasonal** (135 days max or 999 hours, whichever comes first)
*Provide service not to exceed 50 days each fall and spring semesters and 35 days during the summer.
- ☐ **Short-term Periodic** (105 days max or 999 hours, whichever comes first)
*Not to exceed more than 35 days each semester or summer session.
- ☐ **Short-term Project** (150 days max or 999 hours, whichever comes first)
- ☐ **Substitute** (60 days max, extensions require approval) Sub For: _____
- ☐ **Regular Employee** – Additional Assignment

STUDENT

- ☐ Student Worker ☐ Federal Work Study ☐ CalWORKS

FACULTY

- ☐ *Hourly Academic ***Must submit timesheet(s)** ☐ Lump Sum Payment (Paid in _____ months)

JOB TITLE _____ DIVISION/DEPT. _____

START DATE _____ END DATE _____ RATE/HR. or TOTAL \$ _____ NTE \$ _____ NTE HRS _____

FUNDING/GRANT NAME _____

BUDGET DISTRIBUTION _____ % _____

_____ % _____

Timesheet approval by _____

Budget Manager Signature Approval _____

Executive Manager Signature Approval _____

****FISCAL AUTHORIZATION****

☐ Budget code(s) approved Approved by _____ Date _____

****HUMAN RESOURCES AUTHORIZATION****

Board Agenda Date _____ Hourly Rate _____ Position # _____

TB _____ Live Scan _____ I-9 Docs _____

Retirement: ☐ PERS ☐ STRS ☐ DB ☐ CB ☐ Creditable ☐ Not Creditable

HR Approval _____ Date _____