



## Short-Term Employment Form

**STUDENT VERIFICATION:** I understand that my employment with Mt. San Antonio Community College District is contingent on presently being a Mt. SAC student, enrolled in six (6) CREDIT units or equivalent lecture hours on a NON-CREDIT basis. Students **must** notify supervisor(s), **immediately** upon loss of student status. Failure to do so will result in termination.

I declare under penalty of perjury that the foregoing is true and correct.

Executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California.

**The sections below are to be completed by Department Hiring Manager**

<b>Classification:</b>	<input type="checkbox"/> Hourly..... Start date must begin the day after Board Meeting <input type="checkbox"/> Mt. SAC Student..... If student, # of units enrolled? _____ # of non-credit hours per week? _____ <input type="checkbox"/> Professional Expert <input type="checkbox"/> Substitute..... For whom? _____
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<b>Position Title:</b>	<b>Hourly Rate:</b>	<b>Fiscal Year:</b>	<b>I-9 :</b> <input type="checkbox"/> On File <input type="checkbox"/> Attached	<b>W-4 :</b> <input type="checkbox"/> On File <input type="checkbox"/> Attached
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<b>Department Name:</b>	<b>Start Date:</b>	<b>End Date:</b>
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**Description of Service to be Performed:**

### OATH OF ALLEGIANCE

"I \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

Subscribed and affirmed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Short-term Employee Signature:** \_\_\_\_\_

**Authorized Witness:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**DISTRICT USE ONLY**

**DEPARTMENT USE ONLY**

Job Class	Position #	Categorical 00000	Location 00000	Object 0000	Activity 0000000	Dates From - To

### SIGNATURES AND APPROVALS

Short-Term Employee Signature/Date:	Vice President Signature/Date:
Department Hiring Manager Signature/Date:	Human Resources Signature/Board Date:

**Manager Approval:** Has employee signed the Substitute Employee Notice form or the Short-term Employee Notice?  Yes  No