

**MILPITAS UNIFIED SCHOOL DISTRICT
 TEMPORARY EMPLOYMENT SERVICE CONTRACT**

P-16 rev. July 2008

_____ CL _____ CE _____ OTHER
 _____ STRS _____ PERS _____ ARS
SOCIAL SECURITY # _____

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____
 STREET CITY STATE ZIP

JOB TITLE: _____

DESCRIPTION OF SHORT-TERM SERVICES: _____

THIS POSITION IS FUNDED BY: _____

_____ X _____ Estimated Salary \$ _____
 RATE PER HR OR DAY NUMBER OF HRS OR DAYS Estimated Benefits \$ _____

Please check off if applicable: Saturday Work Sunday Work Holiday Work Estimated Total Cost \$ _____

RATE DOES NOT INCLUDE THE COST OF FRINGE BENEFITS

SHORT-TERM EMPLOYMENT BEGINS: _____ **SHORT-TERM EMPLOYMENT ENDS:** _____

If not terminated beforehand, this contract shall terminate automatically after 190 working days, including holidays, sick leave, vacation and other leaves of absence, irrespective of the number of hours worked per day, if such number of working days is reached.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

By entering this Agreement, you specifically acknowledge that this agreement does not establish any right to probationary or permanent employment status, or membership in the classified service. Employee further acknowledges that the District may terminate, reduce or amend the short-term employment on any basis, without any obligation to provide a statement of reasons, evidence of cause, or a right to a hearing. Employee further acknowledges that this agreement does not establish any right to re-employment in any status beyond the term of this agreement. This agreement is made subject to the laws of California and to lawful rules of the State Board of Education affecting the terms and conditions of employment by governing boards of school districts. Said laws and rules are hereby made a part of the terms and conditions of this offer of employment, the same as though they had been expressly set forth herein. This agreement is subject to approval of the Milpitas Unified School District Governing Board.

ALL EMPLOYMENT PAPERWORK MUST BE COMPLETED AND IN THE HUMAN RESOURCES OFFICE PRIOR TO START OF WORK.

ADMINISTRATOR APPROVAL:

_____ SIGNATURE _____ TITLE _____ DATE _____

CATEGORICAL FUNDING APPROVAL:

_____ SIGNATURE _____ TITLE _____ DATE _____

BUSINESS SERVICES APPROVAL:

_____ SIGNATURE _____ TITLE _____ DATE _____

HUMAN RESOURCES APPROVAL:

_____ SIGNATURE _____ TITLE _____ DATE _____

ACCOUNT TO BE CHARGED:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT	% AMOUNT \$
										0000	
										0000	
										0000	
										0000	

INSTRUCTIONS:

- The individual is sent to Human Resources to complete the job application process.
- Person whose budget is to be charged completes this form and signs as Administrator.
(Remember that fringe benefits must be calculated and charged to the appropriate budget.)
- Attach "Personnel Calculation Form" (Available online under Business Services).
- Employee signs contract.
- Administrator forwards all copies to Instructional Programs if needed or Business Services for budget approval.
- Business Services forwards all copies to Human Resources for Board approval.
- Following Board approval, Human Resources distributes copies to Payroll and site.
- Employee begins work after approval from Human Resources.**
- Employee completes timesheets (P-15) each month for the pay period and submits to Administrator for signature.
- Timesheets (P-15) are submitted to Payroll.

Distribution: White - Payroll Yellow - Human Resources Pink - Administrator