

Last	First	Initial	M00 -
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Address	City	State	Zip	Telephone
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Effective Date	Job Location
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STATUS - Please confirm applicable status

EMPLOYMENT - Can not exceed 194 working days in a fiscal year.

Indicate Applicable Action Status

New Hire

Re-Hire: Last month/year worked - ____/____ (MM/YY)

Current employee

Status Change

Termination

List other department(s) the employee is working in:

Remarks - Please note brief details

Submitted for Board Approval

BUDGET

FOAP

FOR HR USE ONLY

<input type="checkbox"/> Live scan completed	Position #
<input type="checkbox"/> TB completed	Suffix

STUDENT - 25 hrs per week/max

From	To
<input type="checkbox"/> Student (6 units or more – MCC)	<input type="checkbox"/> Student (6 units or more – MCC)
<input type="checkbox"/> Student (Special Program)	<input type="checkbox"/> Student (Special Program)
<input type="checkbox"/> EOPS (6 or more units)	<input type="checkbox"/> EOPS (6 or more units)
<input type="checkbox"/> Work Study/Financial Aid (6 or more units)	<input type="checkbox"/> Work Study/Financial Aid (6 or more units)

NON-STUDENT - 37.5 hrs per week/max

From	To
<input type="checkbox"/> Non-Student (under 6 units – not on special program – MCC)	<input type="checkbox"/> Non-Student (under 6 units – not on special program – MCC)
<input type="checkbox"/> Sub/Leave Replacement	<input type="checkbox"/> Sub/Leave Replacement
<input type="checkbox"/> Vacancy Replacement (60 calendar days only)	<input type="checkbox"/> Vacancy Replacement (60 calendar days only)
<input type="checkbox"/> Short Term (fewer than 194 working days)	<input type="checkbox"/> Short Term (fewer than 194 working days)
<input type="checkbox"/> High School (work permit required)	<input type="checkbox"/> High School (work permit required)
<input type="checkbox"/> Professional Expert	<input type="checkbox"/> Professional Expert
<input type="radio"/> Instructional	<input type="radio"/> Instructional
<input type="radio"/> Non-Instructional	<input type="radio"/> Non-Instructional
Job Title	Job Title
Dept	Dept
Hrs per week	Hrs per week
Start Date	Start Date
End Date	End Date
Hourly Pay Rate	Hourly Pay Rate

NAMES AND SIGNATURES

Budget Manager / Full Name	Signature	Date
Employee / Full Name	Signature	Date
Financial Aid / Full Name	Signature	Date
Fiscal Services / Full Name	Signature	Date
Human Resources / Full Name	Signature	Date