



Memorandum

DATE:

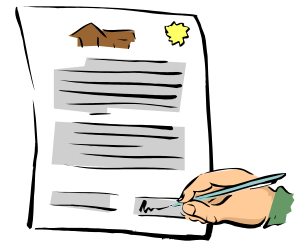
TO:

FROM: Jake Hansen Brandon Lillard Clarissa Ramirez Edith Sun-Rudolph
Human Resource Services

**SUBJECT: CLASSIFIED BARGAINING UNIT EMPLOYEE TERMS OF EMPLOYMENT:
NEW HIRES AND PROMOTIONS**

Please find enclosed your Classified Employee Terms of Employment Form and Position Description for your review and personal file.

Please sign the Classified Employee Terms of Employment Form. Keep one copy for your own personal records, and return one to me in the Human Resource Services Department as soon as possible.



If you are required to join SEIU, Teamsters, or the Classified Supervisors Association and have not yet received a copy of the appropriate Collective Bargaining Agreement, call your Union Office, or access the Sacramento City Unified School District web page (www.scusd.edu), Offices and Departments, Human Resources, Contract Administration (under Bargaining Agreements).

If you are employed and scheduled to work four hours or more per day for six months or longer in an eligible position, you are eligible to receive CalPERS benefits.

You will be contacted in the near future to attend a mandatory New Employee Orientation.

If you have any questions, please call me at (916) 643-_____.

CM:cv

Enclosure: Classified Employee Terms of Employment Form
 Position Description

Distribution: Employee, Site Administrator, Human Resource Services Analyst, Personnel File



Classified Bargaining Unit Employee Terms of Employment: New Hires and Promotions

Last Name:		First Name:	
Social Security Number:		Work Location:	
Position Title:		Position Start Date:	
Salary Range:	Salary Step:	Pay Cycle: <input type="checkbox"/> 10 Mo. <input type="checkbox"/> 11 Mo. <input type="checkbox"/> 12 Mo.	
Hourly Rate:	Hours Per Day:	Hours Per Week:	
Calendar:	Service Days:	Pay Date:	
First Evaluation Date: (90 Days From the Start Date)		Second Evaluation Date: (60 Days Prior to Permanent Date)	
Bargaining Unit: <input type="checkbox"/> SEIU <input type="checkbox"/> Teamsters <input type="checkbox"/> Classified Supervisors Association			

PROBATIONARY PERIOD

I understand that as a new employee or an employee promoted to a higher classification within the classified service, I will be in probationary status for one year. I understand that during the one-year probationary period, I may be released without cause.

BENEFITS INFORMATION

I understand that if I am eligible for health benefits coverage, I must obtain a Benefits Authorization Form from Human Resource Services to enroll for benefits with the Employee Benefits Office.

PAYROLL INFORMATION

I understand that if I am an hourly employee or a substitute, my pay period extends from the 26th of the current month to the 25th of the following month. I will be paid on the 15th of each month.

I understand that if I am a monthly employee, my pay period extends from the first of the month to the last working date of the month. I understand that I will be paid on the last working day of each month.

SALARY INFORMATION

I understand that under the rules and regulations of the salary schedule, current permanent district employees when promoted shall be placed on the higher range/step that most closely approximates a five percent (5%) increase.

POSITION DESCRIPTION

I agree to read my position description, which is attached to this form, and contact my supervisor if I have questions.

Human Resource Services Analyst

Date

Employee Signature

Date