

**NAPA VALLEY COMMUNITY COLLEGE DISTRICT
REQUEST FOR EMPLOYEE CONTRACT**

This form must be processed, including all necessary signatures, before work can commence. The Office of Human Resources is available to consult on all matters associated with this request.

EMPLOYEE NAME: _____

POSITION TITLE: _____

START DATE: _____ ENDING DATE: _____
(Start date should be after Board of Trustees approval)

☐ STIPEND AMOUNT: _____

☐ HOURLY RATE: _____

☐ MONTHLY PAYMENT: _____

☐ MONTHLY SALARY: _____

☐ THIS ASSIGNMENT INCLUDES FRINGE BENEFITS. (Only applicable to salaried employees)

TOTAL MAXIMUM PAYMENT TO EMPLOYEE: _____

(PLEASE NOTE: Employee must submit time record form(s) to be compensated for this assignment, unless previous arrangements have been made with the Office of Human Resources.)

TASKS/FUNCTIONS TO BE PERFORMED (attached list of duties, if necessary)

BUDGET CODES FOR ASSIGNMENT (required for processing):

FUND ACTIVITY PGFS OBJECT CENTER

RECOMMENDED FOR APPROVAL BY:

SUPERVISOR/DIVISION CHAIR/BUDGET CENTER MANAGER: _____ DATE: _____

VICE PRESIDENT, STUDENT SERVICES OR INSTRUCTION: _____ DATE: _____

VICE PRESIDENT, BUSINESS & FINANCE: _____ DATE: _____

DEAN, HUMAN RESOURCES: _____ DATE: _____

SUPERINTENDENT/PRESIDENT: _____ DATE: _____