



Memorandum

DATE:

TO:

FROM: Kim Hebert
Recruitment and Selection Specialist

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

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

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



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 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) 643-7474.

CM:kh

Enclosure: Classified Management Employee Terms of Employment Form
Position Description

Distribution: Employee, Site Administrator, Recruitment and Selection Specialist, Personnel File



Classified Management Employee Terms of Employment: New Hires and Promotions

Last Name:		First Name:	
Social Security Number:		Work Location:	
Position Title:			
Salary Range:	Salary Step:	First Day of Work:	
Fair Labor Standards Act:	<input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	Retirement: <input type="checkbox"/> PERS <input type="checkbox"/> STRS
Calendar:	Service Days:	Pay Date:	
Unit: <input type="checkbox"/> Superintendent's Cabinet <input type="checkbox"/> Non-Represented Management			

PROBATIONARY PERIOD

I understand that as a new employee or an employee promoted to a higher classification within the classified management 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 will be given 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 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.

POSITION DESCRIPTION

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

BOARD APPROVAL

Offer and employment is subject to Board approval at the next regularly scheduled meeting.

SPECIAL CONDITIONS OF EMPLOYMENT

Offer contingent upon Board approval, a negative tuberculosis test, and fingerprint clearance from the Department of Justice and Federal Bureau of Investigation prior to the first day of paid service.

Recruitment and Selection Specialist

Date

Employee Signature

Date