Sacramento City Unified School District

Human Resources & Employee Compensation Services

Memorandum

DATE:			
TO:			
FROM:	M: ☐ Jake Hansen ☐ Brandon Lillard ☐ Clarissa Ramirez ☐ Edith Sun-Rudolp Human Resource Services		
SUBJECT:	JBJECT: CLASSIFIED BARGAINING UNIT EMPLOYEE TERMS OF EMPLOYMENT: NEW HIRES AND PROMOTIONS		
	enclosed your Classified Employee Terms of Form and Position Description for your review and		
Keep one co	he Classified Employee Terms of Employment Form. py for your own personal records, and return one to luman Resource Services Department as soon as		
not yet recei Office, or ac	quired to join SEIU, Teamsters, or the Classified Supervisors Association and have ved a copy of the appropriate Collective Bargaining Agreement, call your Union coess the Sacramento City Unified School District web page (www.scusd.edu), Departments, Human Resources, Contract Administration (under Bargaining		
	ployed and scheduled to work four hours or more per day for six months or longer position, you are eligible to receive CalPERS benefits.		
You will be co	ontacted in the near future to attend a mandatory New Employee Orientation.		
If you have a	ny 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





Employee Signature

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: 10 Mo. 11 Mo. 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: SE	IU Teamsters	☐ 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 15 th 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 questions.	n description, which is attac	ched to this form, and contact my supervisor if I have	
Human Resource Services An	alyst	Date	

Date