



## Memorandum

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**DATE:**

**TO:**

**FROM:** Kim Hebert  
Recruitment and Selection Specialist

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

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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 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 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) 643-7474.

CM:kh

**Enclosure:** Classified Employee Terms of Employment Form  
Position Description

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



# Classified Non-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.	
Fair Labor Standards Act:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Retirement:	<input type="checkbox"/> PERS
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)	
Unit: <input type="checkbox"/> Non-Represented Unit <input type="checkbox"/> Confidential <input type="checkbox"/> Non-Represented Supervisor			

### 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<sup>th</sup> 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 on either years of experience in a comparable position or that which 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.

### SPECIAL CONDITIONS OF EMPLOYMENT

Offer contingent upon Board approval, a negative tuberculosis test, and fingerprint clearance prior to the first day of paid service.

\_\_\_\_\_  
Recruitment and Selection Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date