SUBSTITUTE EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

Last Name		First Name				SSN			
					G	ender:	† M	† F	=
Address Birt			irthdate				1		
City, State, Zip Phone				Colleague ID					
STATUS: † Replacement for † Replacement for exceed 60 calen	vacant positio				Name of Title of v Í B 0 B	absent e acant po	mployee: sition:		
Assignment is limited to current fise	cal year (July 1	to June 30),	regardles	s of appointme		ruitment k	egan:		
Department				Job Title					
BEGINNING DATE OF EMPLOYMENT	Г то	/ day	/ / Wage informa day yr Hourly rate				ly rate: \$		
ENDING DATE OF EMPLOYMENT		/ /		† ČSEA		95% of range		5	Step A
	mo	day	yr	- † L-:	39	95% of	range	9	Step A
WORK SCHEDULE: (enter # of ho	urs, below)								
Monday Hours:	Tuesday	Wednesd	ау Т	hursday	Friday	Sa	aturday	Sun	day
Attendance Advisor:				Phone	:				
Supervisor of Record*:				Phone:					
*Manager or Supervisor who is aut	horized to sign	timecards							
NOTICE: Department/Area Managhours/days worked by employee to	ger requesting Solutions	Substitute Er umber of day	nployee is s authoriz	responsible fo	or necessary eded.	v recordke	eping of		
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BUDGET: Fund	Area	a	Location	Cost	Center	Obj	ect	Perc	% cent
Fund	Area		Locatior	cation					%