

CONTRACTED EMPLOYEES

Payroll Authorization

Linn-Benton Community College, 6500 Pacific Blvd. SW, Albany, OR 97321

Original

Date: _____

Revised

Position #: _____

LEGAL NAME

ID NUMBER

Contracts Less than 12 Months: I wish to receive my salary in 12 equal installments

Yes

No

Effective period from: _____ to _____

Employee Class: Classified Faculty Management/Exempt Confidential

Job Title: _____ Grade: _____ Step: _____

FTE Load: _____ Hours Per Week: _____ Hourly Rate: _____

Position Days: _____ Annual Salary: _____

Timesheet Org: _____ FTE Salary: _____ Contract Value: _____

Immediate Supervisor: _____ Dept: _____

Supervisor ID#: _____ Mail Code: _____

SALARY LABOR DISTRIBUTION (FOAPAL) and percentage if two or more FOAPALS used. Must total 100%

TSA LABOR DISTRIBUTION (FOAPAL) and percentage if two or more FOAPALS used. Must total 100%. *For exempt & confidential staff*

Amount: \$ _____

TYPE OF CONTRACT:

Regular, continuing, \geq .50 FTE

Temporary, renewable-dependent upon continuation of funding

Temporary, fixed-term (defined period of time)

Temporary, with possibility of becoming a regular contract

ADDITIONAL COMMENTS:

"The undersigned EMPLOYEE accepts employment with Linn-Benton Community College upon the terms set forth above. In addition, this payroll authorization is subject to the applicable laws of the State of Oregon and, where applicable, the EMPLOYEE shall meet the certification and/or approval requirements of the college and the State Board of Education. Further, the EMPLOYEE understands the employment relationship between the parties is governed by the collective bargaining agreement between the COLLEGE and the Faculty Association or Classified Association, as the case may be, and by the policies established by the Board of Directors of the COLLEGE as set forth in the Board of Education Policy, as from time to time amended."

Prepared by _____

Phone Ext. _____

Employee Signature _____

Immediate Supervisor Signature _____

Division Dean or Director (if different from immediate supervisor)

Signed Original-HR

Revised 3/24/11

Copy-Employee/Department