

LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court
Sacramento, CA 95825

EMPLOYMENT SERVICE

AGREEMENT #: _____

Campus/Center: _____

Outreach Location: _____

Date: _____

Employee ID	Last Name	First Name / Middle Initial	
Home Address	Home Telephone	Business Telephone	Ext.
City	Zip Code	Social Security No.:	

An ESA cannot be submitted for classified employment. For individuals hired to perform classified duties an Intent to Employ Classified Temporary Employee (P103B) must be completed.

CHECK ONE: COMMUNITY SERVICES FEE CLASSES CONTRACT CLASSES SPECIAL SERVICES

Date(s) Services Rendered: Beginning Date _____ Ending Date _____

ESA must be for fiscal year only. Any portion that crosses the fiscal year must be submitted on a separate ESA.

Description of Services to be Rendered:

POSITION # _____ BUDGET # _____ / _____ / _____ / _____ / _____
Account Fund Org/GL Dept. ID. Prog. Proj/Grant Distn % or Dist Amt.

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Account Fund Org/GL Dept. ID. Prog. Proj/Grant Distn % or Dist Amt.

It is understood that unless there is sufficient enrollment to meet budgeted expense, this activity will be cancelled.

Specific Terms of Compensation:

Rate per Hour \$ _____ Number of Hours _____ Total Cost \$ _____

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ENTIRE AGREEMENT: This Agreement contains the entire Agreement and understanding between the parties. There are no oral understandings, terms or conditions, and neither party has relied upon any representation, express or implied, not contained in this Agreement.

- | | |
|--|--|
| <input type="checkbox"/> W-4 Form Attached | <input type="checkbox"/> Fingerprinting Process Completed (Attach Livescan 2nd Copy) |
| <input type="checkbox"/> Demographic Form Attached | <input type="checkbox"/> I-9 Form Attached <input type="checkbox"/> Copy of Social Security Card Attached |
| <input type="checkbox"/> WAIVED Fingerprinting/TB | <input type="checkbox"/> Safety/Training Checklist Attached <input type="checkbox"/> Compliance Issues given to employee |
| <input type="checkbox"/> Fingerprint Deduction Form Attached | <input type="checkbox"/> TB Test Clearance <input type="checkbox"/> All Appropriate Paperwork on File |

Employee's Signature _____ (Date) _____	To be completed by District Personnel:
Administrator Initiating Agreement _____ (Date) _____	Personnel Administrative Approval _____ (Date) _____
Administrator Approving Agreement _____ (Date) _____	Employment Status: FICA _____ RC _____ <input type="checkbox"/> Regular Employee <input type="checkbox"/> Part-time Temporary Employee Intials _____
	Record No. _____ Date Processed _____

When to use an Employment Service Agreement (ESA)



If you answer **yes** to any of these questions, do not use this form.

Is this for-credit instruction?

Is there a similar position on the temporary classified salary schedule?

Is there a similar position on the special rates salary schedule?

If you answer **no** to all of these questions, you may proceed with the ESA.

Please ensure the ESA includes the following items before processing:

- the **correct campus** checked in the upper left-hand corner
- the employee's correct **employee identification number** readable on all copies
- the employee's **legal name** (instead of a "nickname")
- the employee's **home address** (instead of a work address)
- **service dates** that do not cross fiscal years
- a **detailed description** of the type of service to be performed
- a **reference number** and **state code if necessary**