



Notice of Employment

OHR/30/noe_main_12_08

Employee Information

Today's Date **01-29-09**

Original NOE

Revised NOE

Cancellation/Deletion

Name of Employee DOE, JOHN SSN or Emp. ID A99999999

Division LASS Department ENGLISH Home Organization Code 223006

Campus PECAN Bldg./Room # _____ Office Phone # _____ Supervisor JOHN DEAN

Assignment Start Date 02-01-09 Assignment End Date 08-31-09 Extended Date _____

Position Title CELLULAR TELEPHONE STIPEND - PLAN B Position Number leave blank

Employee Status - Check One Box Only

SALARIED EMPLOYEE

For all special assignments and stipends, please attach description of duties and/or Memorandum of Understanding

FT UNRESTRICTED FUNDS STAFF FT RESTRICTED FUNDS STAFF FT AUXILIARY FUNDS STAFF

TEMPORARY FT FACULTY Fall _____ Spring _____ Both _____

STIPEND Program Chair _____ Professional _____ Other CTS SPECIAL ASSIGNMENT

Total Special Assignment or Stipend Payment \$ 280.00 Total LHE's _____ LHE Rate \$ _____

FOR HR USE ONLY

Annual Salary \$	Pay Grade	Level	Step
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DIRECT WAGE EMPLOYEE

PART-TIME (Not to exceed 19 hrs. per wk.) FULL-TIME DIRECT WAGE (Limit of 4 1/2 months with no extensions)
Student _____ Non-Student _____

FUNDING SOURCE INFORMATION

*This section is **only** required for the **RESTRICTED FUNDS** positions, special assignments, stipends and direct wage assignments.*

1. To be Paid from One of the Following:

Direct Wage Pool Position Number [insert department pool] Salary Savings from Position Number _____

Split Funded _____ and _____
Percent Fund Code Organization Code Percent Fund Code Organization Code

2. Amount of Funding for Temporary Position \$ _____ X _____ X _____ = \$ _____
Hrly. Rate Hrs. per Week # of Weeks Total Amount

Financial Manager Signature Required Financial Manager (2) _____

(For Split-Funded positions)

Budget Control _____

APPROVALS

1. Signature Required 02/05/09 3. Signature Required 02/05/09
Supervisor Date Vice President or President Date

2. Signature Required 02/05/09 4. Signature Required 02/05/09
Associate Dean, Division Dean or Director Date Director of Human Resources Date

FOR HR AND PAYROLL USE ONLY

Entered by

TERMINATE PRIOR POSITION _____ SUFFIX _____ EFFECTIVE DATE _____ JCRE _____

NEW ECLASS _____ POSITION _____ SUFFIX _____

BEGIN DATE _____ JCRE _____ END DATE _____ JCRE _____

JOB TYPE P S O HRS PER PAY _____ RATE _____ ASSIGN SALARY _____

PHAHOUR: PAYROLL ID _____ EARN CODE _____ HRS/UNITS _____ RATE _____ AMOUNT _____

HR - Date
Payroll-Date

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.

White -- Human Resources

Yellow -- Payroll

Pink --- Budget Control

Gold -- Department