

Blue Ridge Community College Part-time
Non- Instructional Staff Employment Agreement

TODAY'S DATE

[Empty box for Today's Date]

EMPLOYMENT STATUS

[Empty box for Employment Status]

Employee Name _____ SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Division: _____ Department: _____

Position Title, Code, Rate of Pay, General Ledger Account Numbers and Percentage Allocation

ALL INFORMATION IS REQUIRED, BEFORE HUMAN RESOURCES OR PAYROLL WILL PROCESS - VALID POSITION TITLE, CODE, GL ACCT#, AND PAY RATE. General Ledger Account numbers should be reported as 18 digits: xx-xxx-xx-xxxxxx-xxxxx, to include the percentage(%) allocated to each GL account number. *(If you need additional assistance, with this information, please contact Human Resources.)*

Position Title: _____

	Pay Rate:	Percent
Position Code: _____	GL ACCT # _____	_____
<i>Required for processing</i>		

BEGIN DATE: _____

I desire and accept part-time non-instructional Employment At-Will with Blue Ridge Community College. I understand this agreement is neither binding nor enforceable as an employment contract. I understand that my part-time employment can be terminated at any time for any reason. I understand that as a part-time non-instructional employee, I am not eligible for any benefits. I agree to adhere to and follow all policies and procedures as set forth by the College's Policy and Procedures Manual. Should I choose to voluntarily leave my part-time employment with Blue Ridge Community College, I will provide two weeks written notice to my Supervisor.

Typical part-time non-instructional employment with Blue Ridge Community is 29 hours per week or less. I understand I cannot enter into any additional part-time (instructional or non-instructional) employment in any other area of Blue Ridge Community College without the proper consent and approval. Any additional part-time (instructional or non-instructional) employment within Blue Ridge Community College must be disclosed to the appropriate Division Vice President and is subject to approval by the President. _____ **(Employee initials)**

Employee _____

Date _____

Vice President _____

Date _____