



**LOS RIOS COMMUNITY COLLEGE DISTRICT
EMPLOYMENT SERVICE AGREEMENT (ESA) – ACADEMIC
(REVISION)**

ESA #: _____
(Maximum of 5 Characters)

Work Location
 ARC CRC DO
 EWC FLC SCC
 Other _____

Employee ID / SSN (Last 4, only if Employee ID is not available): _____

Name _____
 Last, First, M.I. (Enter the name as it appears on their Social, no nicknames.)

ESA REVISIONS

Complete this form when making revisions to an existing ESA. Attach a copy of the original ESA or the most recent ESA revision so that Human Resources can reference the specific changes being made. If correcting errors (i.e. position number, retirement question, etc.) please do not submit a revision; instead, correct the **original** ESA by crossing out the incorrect information and entering the new information. The initiating/approving administrator(s) must initial next to these changes. A copy of the revised ESA must be provided to the employee.

Revision #: _____ Effective Date of Revision(s) to ESA: _____

REVISION(S) TO ESA

Change in Employment Status (i.e., Adjunct Faculty to Full-Time Faculty or LTT)? No Yes

Change in hourly rate? No Yes Hourly Rate: \$ _____ Class: _____ Step: _____ Longevity: _____

Are the duties creditable towards: #1) 67% Law[†] (Answer if employee is adjunct faculty / ESA-only employee (Fall/Spring): Yes No
 #2) 60% Rule (Answer if employee is full-time / LTT Faculty or a **summer assignment**): Yes No

If the answer is "no" to #1 or #2 above, complete Box A below:

A	Start Date	End Date	Total Hours	Total Cost

If the answer is "yes" to either #1 or #2 above, complete Box B below: The hiring campus must enter FTE into the Term Workload in PeopleSoft for each applicable semester; once the FTE has been entered, initial below.

B	Sem./Term	Start Date	End Date	Total Hours	Total Cost	FTE	Initials
	Summer:						
	Fall:						
	Spring:						
	Summer:						

[†] Refer to [Ancillary Activities](#) for adjunct faculty

Budget Revisions:

- Add / Delete Budget # _____ / _____ / _____ / _____ / _____ / _____
Account Fund Org/GL Dept. ID Program Proj/Grant Distribution Amount
- Add / Delete Budget # _____ / _____ / _____ / _____ / _____ / _____
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- Add / Delete Budget # _____ / _____ / _____ / _____ / _____ / _____
Account Fund Org/GL Dept. ID Program Proj/Grant Distribution Amount
- Add / Delete Budget # _____ / _____ / _____ / _____ / _____ / _____
Account Fund Org/GL Dept. ID Program Proj/Grant Distribution Amount

(For additions/changes to the description of services to be rendered, see page 2)

EMPLOYEE TO COMPLETE FOR ALL CHANGES TO ESA (with the exception of budget changes):

By signing below, I acknowledge that I have reviewed and agree with the revision(s) being made to this ESA. I also acknowledge that I have read and understand the criteria on page 2 of this ESA Revision and agree to accept employment in accordance with the terms and conditions specified herein.

Employee's Signature: _____ Date: _____

 Administrator Initiating Agreement (Signature) (Date)

 Administrator Approving Agreement (Signature) (Date)

TO BE COMPLETED BY DISTRICT HUMAN RESOURCES

Record No. _____ Changes in PS? Yes No
 Initials _____ Date Processed _____



LOS RIOS COMMUNITY COLLEGE DISTRICT
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(REVISION)

Employee ID / SSN (Only if Employee ID is not available): _____

Name _____
 Last, First, M.I (Enter the name as it appears on their Social, no nicknames.)

ESA Information

The following is (check one): in addition to / a revision of the existing description of services to be rendered.
(If significant revisions are being made to the description of services to be rendered, a new ESA may be required.)

Detailed Description of Services to be Rendered:

Is this ESA assignment for a "for-credit" activity? Yes No

Does the ESA assignment require CCCCO faculty minimum qualifications? Yes No

CRITERIA OF THE EMPLOYMENT SERVICE AGREEMENT - ACADEMIC (ESA)

- Either party may terminate this agreement at any time, with or without cause, effective immediately upon notifying the other party in writing of the contract termination. Compensation due to the employee shall be paid based on services rendered.
- 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.
- It is understood that unless there is sufficient enrollment/workload to meet budgeted expense, this activity will be cancelled.
- ESA employees paid at an hourly rate are required to submit a timesheet for each month that services are rendered. Include the ESA number on the timesheet in the designated area.
- LRCFT stipends will be paid at the end of the applicable semester upon submission of a timesheet.
- This agreement is tentative with final approval upon the Human Resources Administrator's approval.