

UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION

EMPLOYMENT RECORD (CASUAL FARM LABOR ONLY)

From: _____

County: _____

Address: _____

City,State,Zip: _____

Instructions: This form and method of employment can be utilized only for temporary employment of a few hours duration in agricultural classes. If continuing employment is to be involved, the regular University of California Employment Forms **MUST** be used and the usual method of payment **must** be followed. **IMPORTANT: ALL** employees to be paid by this method of payment must sign the Accounting Office copy only, and the Oath and Statement of Citizenship on the reverse side of this form before they perform any work. Only the established pay rates can be paid. See <http://hr.ucdavis.edu/salaryscales/index.html> select title code 8544.

This form is used only in connection with the employment and payment of persons who fulfill **ALL** of the following conditions:

- a. They are employed in connection with the cultivating of soil or raising and harvesting of agricultural and horticultural commodities.
- b. They will earn less than \$1,500 from the University within the calendar year.
- c. They are sixteen years of age or older and persons between the ages of 16 and 18 have presented a work permit to the employing officer.
- d. They have not provided services to the hiring department in the preceding 12 months under any other contract or personnel program.

Disbursement and Receipt Record

I hereby certify that I have worked the number of hours indicated and have received the amount of money due me as stated.

Type of Employment (Classification)	Date(s) Worked	Hours Worked	Hourly Pay Rate	Dollar Amount Earned	Employee Signature <i>(Must be same as on reverse side)</i>	Date of Birth
					1.	
					2.	
					3.	
					4.	
					5.	
					6.	
				\$	Total Amount Disbursed	

Budget to be Charged:

Account Name:	Amount	\$
Account Number: L -		
Account Name:	Amount	\$
Account Number: L -		

Purpose of Work Performed:	Certified True and Correct:	Principal Investigator	Date
Location:	Approved:	County Director	Date

(signatures required on reverse side)

OATH OF ALLEGIANCE FOR PERSONS EMPLOYED BY THE UNIVERSITY OF CALIFORNIA

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature of Employee _____ 1.

Signature of Employee _____ 2.

Signature of Employee _____ 3.

Signature of Employee _____ 4.

Signature of Employee _____ 5.

Signature of Employee _____ 6.

Signature of Employee _____ 7.

Taken and subscribed before me this _____ day of _____.

University of California
Employing Officer
Witnessing Above Signatures:

_____ **Authorized Official**
_____ **Date**

Signature of

Title

Department