

Acknowledgment of Employment Conditions, Specially Funded Programs

Instructions

This form must be read and completed by the Hiring Authority and the Employee being hired in an SFP assignment.

1. Acknowledgement

In an effort to serve the varied educational, vocational, and training needs of our community, the colleges of the Los Angeles Community College District supplement their regular, on going programs with a number of special programs and services. These programs are not financed with District general operating funds. They are financed by various local, state, and federal governmental agencies and or private entities who grant funds to the District for a dedicated program or purpose for a limited period of time. Because of the limited duration and funding associated with these programs, the employment of persons in these programs end when funding and the duration ceases.

The position you are being offered is assigned to a specially funded program and subject to the terms and duration of the program. During employment in this position you are entitled to the rights, benefits, and burdens of any other classified employee serving in the regular service of the District. However, the length of your employment is directly tied to funding of the program to which you are assigned.

Carefully read and initial the statements below. Your initials acknowledge that you have been fully informed, understand, and accept the conditions associated with employment in a specially funded program with the Los Angeles Community College District.

2. To Be Completed By Hiring Authority

You are being offered employment in the following job classification and program.
Program Title:
Class Title:
Job Code:

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Fund Center:	
Fund:	
3. Employment Conditions	
 specialized job classification that ha college location and program. Initial and continued funding for the and conditions established by the fureduced at any time. The District has program in the event funds are reduced. Upon notification to the District from termination of funding, I will be subjected by the subjected by the funding of funding in the subjected by the	the funding agency of a reduction or ect to lay-off from my position. a job classification unique to the location and ights to any other SFP position within the and have underlying regular status in the exercise my "bumping" rights as provided by t, Rules of the Personnel Commission, or ecially funded program, I will be subject to a
Signatures	
I have had a full and complete opportunity obtain any further information or clarificatio acceptance of the conditions of employmen	n I need. My signature below attests to my
Print Candidate Name:	
Candidate Signature:	Date:
Print Supervisor Name:	
Supervisor Signature:	Date:

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