OHLONE COLLEGE ENTREPRENEURIAL PROGRAMS
INSTRUCTOR/TRAINER WORKSITE AGREEMENT

DATE: January 6, 2005

TO: Kenn Waters

FROM: Leta Stagnaro, Dean, Entrepreneurial Programs
510.659-7358, fax: 510.979-7956

SUBJECT: Authorization to Counseling/Training

We are pleased to offer you this authorization to teach the following course. We reserve the right to cancel this offering at our discretion. In addition, no commitment made outside this appointment letter is valid and no commitment to future employment is implied.

1. Program Description

Course Title:	Counseling and Advising Services
Trainer:	Kenn Waters
Times and Dates:	January 13, 2005, February & March dates TBD
Location:	NUMMI, 45500 Fremont Blvd., Fremont, CA 94538
Program Manager:	Bob Lobue, 510.979.7942, fax: 510.979.7956 email: blobue@ohlone.edu

2. Consideration

Your salary for conducting counseling will be $50 an hour for a total of 9 hours.

3. Confidentiality

The Institute agrees that any information acquired by trainers during their assignment with NUMMI concerning the business practices, policies, or operation of NUMMI will be treated as confidential and not available for publication or broadcast without specific prior written permission of NUMMI.

4. Payment Process

Our payroll period is calculated from the 1st of the month to the last day of the month. **Time sheets must be in my office by the last working day of the month in order for you to be paid in the following month.**

Ohlone Authorization:

Signature _____

Date: _____

I accept the terms of this agreement:

Signature _____
Instructor

Date: _____