

**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 Train

We are pleased to offer you this authorization to proctor the following assessment. 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: Work Experience 195-A-4  
Trainer: Kenn Waters  
Times and Dates: January 19 – March 11, 2005  
(excluding February 21, 2005)  
Times TBD  
Location: NUMMI  
45500 Fremont Blvd.  
Fremont, CA 94538  
Program Manager: Bob LoBue, 510.979.7942, fax: 510.979.7956  
email: [blobue@ohlone.edu](mailto:blobue@ohlone.edu)

2. Consideration

Your salary for conducting the program will be \$50.00 per actual instructional hour.

3. Confidentiality

The Institute agrees that any information acquired by instructors 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 1<sup>st</sup> 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: \_\_\_\_\_