

**OHLONE COLLEGE ENTREPRENEURIAL PROGRAMS  
INSTRUCTOR/TRAINER WORKSITE AGREEMENT**

DATE: January 10, 2005  
TO: Ron Staszkw  
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: Math 156  
Trainer: Ron Staszkw  
Times and Dates: January 24 – May 23, 2005 (Exception of Feb., 21, 2005)  
Mondays, 1:00pm – 5:00pm  
Location: Ohlone Community College  
Room 6-204  
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:

I accept the terms of this agreement:

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
Instructor

Date: \_\_\_\_\_

Date: \_\_\_\_\_