

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

DATE: January 26, 2005
TO: Elaine Henderson
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 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: Team Building Workshop
Trainer: Elaine Henderson
Times and Dates: February 4, 2005
8:00 am – 4:00 pm
Location: Cargill Salt
Siliman Center
Newark, Calif. 94560
Program Manager: Bob LoBue, 510.979.7942, fax: 510.979.7956
email: blobue@ohlone.edu

2. Consideration

Your salary for conducting the program will be \$100.00 per hour for a total of 8 hours.

3. 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: _____