

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

DATE: March 30, 2005
TO: Ken Kasper
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

Workshop Title: Good Laboratory Practices
Trainer: Ken Kasper
Dates/Times: April 20, & Jun. 13, 2005
1:00pm – 5:00pm & 8:30am – 12:30pm
Location: Newark Hilton Hotel
39900 Balentine Drive
Newark, CA 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:

I Accept the terms of this agreement:

Signature _____
Leta Stagnaro
Title: Dean, Entrepreneurial Programs

By _____
Instructor

Date: _____

Date: _____