

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

DATE: April 6, 2005
TO: Chris Wardern
FROM: Leta Stagnaro, Dean, Entrepreneurial Programs
510.659.7358, fax: 510.979.7956
SUBJECT: Instructor

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: CPR & First Aid Training
Trainer: Chris Warden
Times and Dates: May 16, 2005
1 – 6 pm
Location: Ohlone College
43600 Mission Blvd., Room 8323
Fremont, CA 94539
Program Manager: Bob LoBue, 510.979-7942, fax: 510.979.7956
email: BLobue@ohlone.edu

2. Consideration

Your salary for conducting the class will be \$57.09 per actual instructional hour for a total of 5 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: _____