

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

DATE: March 30, 2005  
TO: Shuling Cheng  
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: Basics of Microbiology

Trainer: Shuling Cheng

Dates/Times: May 18, 2005  
8:30am – 4:30pm

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](mailto:blobue@ohlone.edu)

2. Consideration:

Your salary for conducting the program will be \$75.00 per hour for a total of 7 hours.

3. 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 \_\_\_\_\_  
Leta Stagnaro  
Title: Dean, Entrepreneurial Programs

By \_\_\_\_\_  
Instructor

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

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