

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

DATE: May 13, 2004  
TO: Kenn Waters  
FROM: Leta Stagnaro, Dean, Entrepreneurial Programs  
510.659-7358, fax: 510.979-7956  
SUBJECT: Authorization to Counseling/Training

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: Counseling and Advising Services  
Counselor: Kenn Waters  
Times and Dates: May 16 – August 5, 2004  
Dates and times: TBD (12 Hours)  
Location: NUMMI, 45500 Fremont Blvd., Fremont, CA 94538  
Program Manager: Bob Lobue, 510.979.7942, fax: 510.979.7956  
email: blobue@ohlone.edu

2. Consideration

Your salary for conducting counseling will be \$50 an hour for a total of 12 hours.

3. Confidentiality

The Institute agrees that any information acquired by trainers 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: \_\_\_\_\_