

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

DATE: March 30, 2005  
TO: Margaret Kauffman  
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 Aseptic Techniques  
Trainer: Margaret Kauffman  
Dates/Times: May 25, 2005  
1:00pm – 4:00pm  
Location: Ohlone College (Biotech Lab, Rm. #8201)  
43600 Mission Blvd.  
Fremont, CA 94539  
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 \$100.00 per hour for a total of 3hours.

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: \_\_\_\_\_