

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

DATE: September 1, 2005
TO: Kenn Waters
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 proctor the following assessment. 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
Trainer: Kenn Waters
Times and Dates: September 21, 2005 – December 15, 2005 (excluding November 24-25, 2005)
Times TBD
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 the program will be \$50.00 per actual instructional hour for a total of 12 hours.

3. Confidentiality

The Institute agrees that any information acquired by instructors 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 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 _____

I accept the terms of this agreement:
Signature _____
Instructor

Date: _____

Date: _____