

**DUTY STATEMENT  
OHLONE COMMUNITY COLLEGE DISTRICT**

I, \_\_\_\_\_, hereby accept Employment/Reclassification by the  
 (Name)  
 Ohlone Community College District, effective \_\_\_\_\_,  
 (Date)  
 in the position of \_\_\_\_\_ for the following  
 (Classification)  
 Department \_\_\_\_\_ located at \_\_\_\_\_ at the following  
 prescribed workweek.

**DUTY HOURS AT START OF ASSIGNMENT**

	FROM (a.m./p.m.)	TO (a.m./p.m.)	LUNCH
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**WORK SCHEDULE (If not a 12 months position)**

Months \_\_\_\_\_ Through \_\_\_\_\_ Month (s) Off \_\_\_\_\_  
 Days \_\_\_\_\_ Through \_\_\_\_\_ Days Off \_\_\_\_\_

(All blanks will be filled prior to signature)

\_\_\_\_\_  
 (Employee's Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Supervisor's Signature)

\_\_\_\_\_  
 (Date)