

CENTRAL OREGON COMMUNITY COLLEGE  
Bend, OR 97701

**NOTICE OF APPOINTMENT**  
Special Assignment

COCC ID # \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Location: \_\_\_\_\_

Budget Area: \_\_\_\_\_ Duties: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Grant Funded Yes No

Budget Line Item #: \_\_\_\_\_ Amount in Budget: \$ \_\_\_\_\_

COMPENSATION INFORMATION

Annualized Salary (12 months): \_\_\_\_\_

Annualized Salary was determined from: \_\_\_\_\_ Administrative Salary Schedule Level: \_\_\_\_\_

Faculty Salary Schedule Level/Step \_\_\_\_\_ Classified Salary Grade \_\_\_\_\_

Percent of FTE: \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Number of full months to be worked: \_\_\_\_\_ Number of days to be worked in partial months: \_\_\_\_\_

Monthly Rate (Annualized salary divided by 12): \_\_\_\_\_

Hourly Rate (Annualized salary divided by 2,080): \_\_\_\_\_

Daily Rate (Hourly times 8): \_\_\_\_\_

Salary for Appointment Period: \_\_\_\_\_

<FTE % X (Monthly Rate X whole Months Worked Plus Days in Partial Months X Daily Rate)>

Benefits: No Yes (If Yes, explain) \_\_\_\_\_

PERS INFORMATION

Employee: Please check the appropriate statement(s) regarding member in the Oregon Public

Employees Retirement System (PERS): I am currently a PERS member.  
I am NOT currently a PERS member.  
I have been a PERS member in the past.

Approved by:

Office Use Only:

Beginning Date \_\_\_\_\_

First Pay Date \_\_\_\_\_

Mid Mo/End Mo \_\_\_\_\_

No. Times Pay \_\_\_\_\_

Workers' Comp Code: **8868**

Account Number \_\_\_\_\_

Total Amount \_\_\_\_\_

\_\_\_\_\_  
Budget Administrator:

\_\_\_\_\_  
Vice President

Distribution: Signed original to Payroll;  
Copy to Human Resources.

\_\_\_\_\_  
Employee