



**Section A: TO BE COMPLETED BY EMPLOYEE**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
(Employer, other than Santa Rosa Junior College)

FROM: \_\_\_\_\_  
(Employee Name)

I am an Associate Faculty Member at Santa Rosa Junior College. In order to be eligible to receive medical benefits from Santa Rosa Junior College, I must provide proof that I have a cumulative assignment of 40% or greater from all California Community College Districts for which I work. The Santa Rosa Junior College Human Resources Department must have verification from you regarding my assigned load at your college. Please complete this form and return to me as soon as possible. Thank you for your assistance.

Employee Signature: \_\_\_\_\_

**Section B: TO BE COMPLETED BY EMPLOYER (NOT SANTA ROSA JUNIOR COLLEGE)**

This verifies that the employee as indicated above has the following part-time teaching experience at:

\_\_\_\_\_ / \_\_\_\_\_  
California Community College Name City

<b>SEMESTER/QUARTER</b>	<b>% OF ASSIGNED LOAD</b>
Spring 2024	
Fall 2023	
Summer 2023	

Prepared by (name): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_