SANTA ROSA JUNIOR COLLEGE

VERIFICATION OF TEACHING LOAD
Human Resources Department

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

SEMESTER/QUARTER	% OF ASSIGNED LOAD
Fall 2025 semester	
Summer 2025 term	
Spring 2025 semester	

Prepared by (name): _____ Signature: _____

Title: _____ Phone: _____

Date: _____

Please return to: *SRJC Human Resources Department, Attention: Christie Colón, 1501 Mendocino Avenue, Santa Rosa, CA 95401, (707) 527-4304, Fax: (707) 527-4967, Email: ccolon@santarosa.edu*