



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

Table with 2 columns: SEMESTER/QUARTER, % OF ASSIGNED LOAD. Rows: Spring 2026 semester, Fall 2025 semester, Summer 2025 term.

Prepared by (name): _____ Signature: _____

Title: _____ Phone: _____

Date: _____