**Instructional Services Contract**

# Agreement between San Joaquin Delta Community College District and

**Name of Employee, Name of Place Employed**

**July 1, 20**

IT IS HEREBY AGREED, this 1st day of July 20

# to June 30, 20

by and between **San Joaquin Delta Community College**

**District**, State of California, hereafter referred to as **DISTRICT,** and **Name of Employee** an employee of the

**Name of Place Employed**, hereafter referred to as **AGENCY.**

1. WHEREAS, the **DISTRICT** has contracted with the **AGENCY** for providing of Vocational Education; and
2. The **AGENCY** has agreed to provide the **DISTRICT** with district qualified and approved instructors; and
3. The **DISTRICT** must enter into written contracts with each instructor provided by the **AGENCY**, pursuant to Title V of the Administrative Code.

NOW, THEREFORE, in consideration of the conditions, covenants, terms, agreements and recitals contained herein, it was mutually agreed as follows:

* 1. The **DISTRICT** will have the primary right to control and direct **Name of Employee** during the time he is serving the **DISTRICT**; and
  2. **Name of Employee** will be an employee of the **DISTRICT** for purposes of the Attendance Accounting Standards of Title V of the Administrative Code, Sections 58050 et seq. only; and
  3. **Name of Employee** will be entitled to no compensation from the **DISTRICT**, but instead shall be compensated by his employer, **AGENCY**; and
  4. The **DISTRICT** will not be obligated to **Name of Employee** for any benefits or considerations normally accorded typical community college instructors under the Education Code. These obligations are the responsibilities of the **AGENCY**; and
  5. **Name of Employee** shall serve the **DISTRICT** only as directed by the San Joaquin Delta Community

College, and shall serve the **DISTRICT** no later than **June 30, 20** .

# San Joaquin Delta Community College District

By: Kathleen Hart, Ph.D., Superintendent/President

Date:

# Name of Place Employed

By:

# Name of Employee, Full address of Employee

Date:

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