

## Letter of Understanding

The following outlines the responsibilities expected of Video Classroom Operators. It is up to the individual operator to familiarize themselves with the information provided. Failure to comply with any of these rules will result in disciplinary action up to and including termination.

**Attendance** - Operators are required to be in their designated locations at the start of their shift. This means 10 minutes before each class/shift is scheduled to start. If you are unable to meet this requirement due to your class schedule, contact a manager immediately.

**Absences** - If you know you are going to need time off, we require at least seven days notice. Absences due to illness require a telephone call to Educational Technology Services. Leaving a message is not acceptable unless it is after business hours. To leave a message after business hours you must call 282-3212. Include, in your message, the time and room of the first class you were to operate.

**Behavior** - Laptops, cell phones, newspapers, and headphones are not allowed while working a class. Homework may only be done with the permission of a manager. Do not write or put your feet on the equipment. answer the phone professionally by stating your name and room number. no friends are allowed in the control rooms at anytime. No personal phone call may be made from the classrooms.

**Performance Reviews** - You will be reviewed periodically by a manager. The manager will review both the technical skills and your on the job attitude to determine if you need additional training. you will be given the results of your review after the evaluation. Pay raises may be given upon the successful completion of several reviews. If the reviews are not favorable you may be terminated. Attached is an example of a review sheet that may be used.

**Time Clock** - You will be responsible to clock your time in the computer using the identification number assigned to you. The number assigned is confidential and must not be shared with anyone. It will be your responsibility when you check out from your last shift of a pay period to view your time and check the box if it is correct. ***By checking the boxes, you certify that the services actually were rendered; that the time recorded is correct and just.***

**This form will be kept on file to document your acknowledgement of the aforementioned information.**

*I have read and understand the above information.*

\_\_\_\_\_  
Operator signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

# Employment Application

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Street Address or Box Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Do you qualify for the College Work Study Program?  Yes  No

What year are you in school? \_\_\_\_\_

How long do you plan to attend ISU? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

Please describe your experience with the following:

Computers:

Copiers:

Clerical: (typing, filing, phones, etc.)

What type of position are you interested in? \_\_\_\_\_

Are you currently working for another department on the ISU campus? If yes, who?

Are you working for another state agency? If yes, please list.

You are available for work: (please check)

- Fall       Spring       Summer

How many hours per week would you be willing to work? \_\_\_\_\_

**PLEASE LIST THE HOURS YOU WOULD BE AVAILABLE TO WORK**

**(List Day and Evening Hours**

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

This schedule represents: (check one)

- Fall       Spring       Summer

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