

**Collin County Community College District
FORM FOR EXTRA SERVICE/NON-TEACHING ACTIVITIES
(FULL-TIME EMPLOYEES ONLY)**

Name _____ CWID _____

Academic Period : _____ Date: _____

Indicate Primary Campus: _____ Other: _____

CHOOSE ASSIGNMENT TYPE:

REASSIGNMENT* (reassignment of full-time contact hour)

Assignment Name: _____ Full-Time Contact Hour Reassignment: _____

Authorized Begin Date: _____ Authorized End Date: _____

- Add attachment of specific duties and expectations

OR

STIPEND**

Total Project Amount \$ _____

Authorized Begin Date: _____ Authorized End Date: _____

Cost Center _____

Monthly payments through authorized end date **OR**

Lump sum payment upon completion (required for summer assignments)

*Full-time workload reassignments must be preapproved by the Campus Provost.

**Project amounts must be pre-approved by the appropriate administrator and HR Compensation.

IF STIPEND, PLEASE ALSO COMPLETE THIS SECTION.

SCHEDULE ADJUSTMENT APPROVAL:

This extra service assignment will **not** be performed during the regular work schedule of the employee's full-time assignment. Therefore, no schedule adjustment is necessary.

This assignment is performed during the regular work schedule of the employee's full-time assignment. Shown below are the adjusted hours for the employee to work to avoid duplicate payments for the same time period.

Adjusted Weekly Work Schedule of Primary Assignment:

Extra Service Assignment Work Schedule:

BY YOUR SIGNATURE BELOW, YOU ARE AGREEING TO EACH OF THE FOLLOWING TERMS:

1. I accept the above extra service assignment at the rate indicated and approved herein.
2. I understand that this extra service assignment form does not supersede or replace any current Faculty Contract I have signed that applies to the academic period listed on this form.
3. I agree that the extra service assignment approved herein can be terminated by Collin College at any time, for any or no reason, at Collin College's sole discretion.
4. I agree that if I am unable to complete a portion of the extra service assignment approved herein, I will notify my Associate Dean, Director, or appropriate administrator with at least eight (8) hours in advance, if possible. Absence from non-teaching activities may, at the sole discretion of Collin College, result in leave and/or salary deductions in compliance with Collin College policies and federal or state laws.
5. I agree that the extra service assignment approved herein will not apply to my college service as part of the Multi-Year Contract process.

Employee Signature Date

Assoc. Dean/Director Approval Date

Dean Approval Date

**Campus Provost Approval Date

Payroll Office Date