## Collin County Community College District STIPEND FORM FOR EXTRA SERVICE/NON-TEACHING ACTIVITIES (PART-TIME EMPLOYEES ONLY)

Name	e	_ CWID
Acado	emic Period:	Date:
Indica	ate Primary Campus:	Other:
ASSIG	GNMENT TYPE:	
	STIPEND*  Total Project Amount \$ Authorized Begin Date: Cost Center	Authorized End Date:
M	onthly payments through authorized end dat	e <u>OR</u>
Lu	ımp sum payment upon completion (required	d for summer assignments)
*Proj	ect amounts must be pre-approved by the app	propriate administrator and HR Compensation.
PLEAS	SE COMPLETE THE FOLLOWING QUESTIONS:	
	· · · · · · · · · · · · · · · · · · ·	r worked in a benefits-eligible (50% or more) did you participate in TRS (Teacher's Retirement
	If yes, give name of school district/college:	
	If yes, give dates of benefits-eligible employ	ment there:
	· · · · · · · · · · · · · · · · · · ·	r worked in a benefits-eligible (50% or more) r did you participate in ORP (Optional Retirement
	If yes, give name of college/university:	ORP Carrier:
	Agent Name: Dates of benefits-eligible employment there	Agent Business Phones:
3.	Are you currently receiving monthly	
If you and a	currently work in a benefit-eligible position at nswer "NO" to each of the above, you must pa am which went into effect July 1, 1991. You m	Collin College or another public school or college articipate in the part-time employee retirement
	e don't hesitate to get in touch with the Huma mation.	n Resources office at 972.599.3152 for more

## 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 other agreement I may have signed with Collin College and that my employment at Collin College remains at will.
- 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.

Employee Signature	Date	Assoc. Dean/Director Approval	Date
Dean Approval	Date	**Campus Provost Approval	Date
Payroll Office	 Date		

1.