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

Name	CWID
Academic Period:	Date:
Indicate Primary Campus:	Other:
ASSIGNMENT TYPE:	
STIPEND* Total Project Amount <u>\$</u> Authorized Begin Date:	Authorized End Date:
Cost Center	
Monthly payments through authorized en	d date <u>OR</u>
Lump sum payment upon completion (red	quired for summer assignments)
*Project amounts must be pre-approved by th	e appropriate administrator and HR Compensation.
PLEASE COMPLETE THE FOLLOWING QUESTIC	DNS :
	c year worked in a benefits-eligible (50% or more) you or did you participate in TRS (Teacher's Retirement
If yes, give name of school district/coll	lege:
If yes, give dates of benefits-eligible er	mployment there:
	<mark>c year worked in a benefits-eligible (50% or more)</mark> you or did you participate in ORP (Optional Retirement
Agent Name:	CRP Carrier: Agent Business Phones: there:
3. Are you currently receiving mo	onthly retirement benefits from TRS?
and answer "NO" to each of the above, you m	ion at Collin College or another public school or college ust participate in the part-time employee retirement 'ou must make an election before payroll can be

Please don't hesitate to get in touch with the Human Resources office at 972.599.3152 for more information.

processed.

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		