FACULTY STIPEND

Authorization and Agreement

Human Resources West Valley-Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070-5698

- This form is for current WVMCCD **faculty only** (part-time or full-time) to do college-related activities beyond their normal teaching or non-teaching assignments. It is not to be used for teaching or curriculum.
- Stipend is not to be used to perform work within the scope of the faculty member's regular assignment / position.
- Stipend is **NOT** to be used for teaching or curriculum development, except for grant-funded programs.
- **THIS AGREEMENT IS NOT VALID UNTIL SIGNED BY ALL PARTIES AND RETURNED TO ORIGINATING DEPARTMENT.**
- **Work is not to begin until form is returned to the department.**

Department requesting services: _____ Today's Date: _____

[ ] West Valley College [ ] Mission College [ ] Administrative Services

Last Name First Name MI Social Security Number

Street Address City Zip Home Phone Number

Faculty member is currently: [ ] Full-time [ ] Part-time Campus: [ ] Mission College [ ] West Valley College

Current Job Title / Assignment: _____

For faculty member to complete:

1. In detail, describe the specific assignment / project to be performed, expected time involvement, and the expertise you possess to perform it.

_____

_____

_____

_____

_____

Start Date: _____ End Date: _____ Amount not to exceed: $ _____

RATE OF PAYMENT: Schedule D

[ ] Hourly rate @ $ _____ per hour **Account Number:** _____

[ ] To be paid by stipend invoice on a monthly basis

[ ] Payment shall be received at the completion of service.

Employee _____ / _____ Date _____
Print Signature

Requestor _____ / _____ Date _____
Print Signature

Administrator _____ / _____ Date _____
Print Signature

Pres. / Vice Pres. / Vice Chanc.* _____ / _____ Date _____
Print Signature

***Only administrators / managers may authorize the expenditure of funds and approve hours worked when timesheets are submitted.**

*** * * * * * * * * HUMAN RESOURCES USE ONLY * * * * * * * * ***

EMT Approval _____ Date _____

HR Specialist _____ TB Date _____ Contract # _____

Approved for employment by HR Director or Designee _____ Date _____

QSS # _____

DISTRIBUTION Payroll Human Resources Department / Employee HR/ram/03-18-05 revised

West Valley – Mission Community College District

HUMAN RESOURCES	STIPEND INVOICE

TO: **West Valley-Mission CCD**
14000 Fruitvale Avenue
Saratoga, CA 95070

Stipend Contract # _____

FROM:

NAME _____

SOCIAL SECURITY NO. _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DATE _____

Total stipend agreement: $ _____ **Account Number** _____

List the specific dates and total number of hours used to complete the assignment / project.

DATE	HOURS	DATE	HOURS

Faculty Performing Service _____ / _____ Date _____
Print Signature

Approval of Requestor _____ / _____ Date _____
Print Signature

Budget Administrator / Dean _____ / _____ Date _____
Print Signature

Pres. / Vice Pres. / Vice Chanc.* _____ / _____ Date _____
Print Signature

***Only administrators / managers may authorize the expenditure of funds and approve hours worked when timesheets are submitted.**

DISTRIBUTION Payroll Originating Department Human Resources Employee HR/ram/03-18-05 revised