

REQUEST FOR STIPEND

<u>Stipend Type</u> :						
Instructional/Non-Instructional Project	GVM	SI Leader/Peer Mentor	Community Education			
Professional Expert	Tutor	Assistants Coach	Other:			
Pre-approval of the required documents must be submitted to Human Resources Operations prior to performance of duties.						
Authorization: Attach project summary and/or description of services being provided.						
Is this a current YCCD employee? Yes	s No					
If yes, department name:	If yes, department name: Position Title:					
	is author	ized and agrees to perform the atta	ached duties/services by			
(Employee Name)		C I	·			
stipend at \$per hour, not to ex	xceed					
	(Do	llars) (Worked hours mus	st be submitted on pay claim)			
Account(s) #						
Description of duties:						
Services will begin onand terminate on or before						
Department Contact:		Pho	one Ext.:			
Approvals:						
Management Supervisor's Signature:			Date:			
Vice President Signature:			Date:			
President/Designee Signature:			Date:			
Vice Chancellor, Human Resources:			Date:			

Acceptance of Employment:

I have completed the Employee Stipend Application and Criminal History Disclosure. I acknowledge this is a temporary nonclassified/non-academic appointment not to exceed 175 workdays or 1400 hours per fiscal year. Assigned workdays/work hours may vary. Employment is at will. The District may terminate employment at any time. Renewal of employment is at the sole discretion of the District. This assignment does not qualify for fringe benefit coverage, paid vacation, holiday or sick leave.

I hereby accept employment and the conditions herein.

Employee Signature:	Date:	Colleague ID #:	
Human Resources Use Only: F/P Clearance:	Position ID:		
Fully executed copy of stipend is to be a	ttached to all pay claims subn	nitted to Pavroll.	Rev 5/7/18 ilc



RATIONALE

(Project Summary/Descriptions of Services)

Emplo	oyee Name: Colleague ID#	_
Depart	tment/Division: Manager:	-
Dates	of Service:	
Servic	ce/Project – Provide summary of service/project being provided (i.e. location, times):	
Please	e choose one of the following options that best describe service/project: Working as a teacher, instructors, district interns, and academic employees employed in the instructional program for p pils.	u-
	Providing Educational or vocational counseling, guidance, and placement services.	
	Directing, coordinating and assisting administrators who plan course of study to be used in California public schools, or research connected with the evaluation or efficiency of the instruction program.	•
	Working in selection, collection, preparation, classification, demonstration, or evaluation of instructional materials of a course of study or use in the development of the instructional program in California public schools, or other services re- lated to school curriculum.	•
	Providing and/or attending in-service training.	
	Other outgrowth of, the instructional and guidance program of the school when performed in addition to other activities described above.	1
	Service being provided does not fit any of the above.	
How	was rate of pay determined?	
	Full Time Faculty Rate	
	Adjunct Faculty Rate	

Other – Explain: