Part-Time Faculty Stipend Approval Form

(Article 7.4 and 7.5 YC-AFT-Collective Bargaining Agreement)

☐ WCC ☐ YC ☐ LCC

Work Requested: Please Complete Prior to ANY Work Being Performed

Name: _____ ID: _____ (seven digit ID)

This work requested by the following academic administrator:

Name: _____ Title: _____

Stipend is being claimed for the following academic professional responsibility activities:

☐ Development of Student Learning Objectives (SLO) for the following course/program: _____

☐ Development of Course Outline for the following course: _____

☐ Curriculum Development for the following program/discipline: _____

☐ Program Review for the following program: _____

☐ Committee participation: _____

_____ _____

Signature of Part-Time Faculty Member Date

Work Completion: Please Complete Upon Submission

Work completed: _____ and _____

Semester Date

This work was submitted to: ☐ Curricunet ☐ Dean/Director ☐ Full time faculty member ☐ SLO committee ☐ Other (specify): _____

Is there a full-time faculty member in this department? ☐ Yes ☐ No

Did any full-time faculty member assist in this work? ☐ Yes ($300) ☐ No ($500)

Documentation of work completed consists of the following attached documents:

☐ Declaration of Dean/Director ☐ Curricunet Printout

☐ Syllabus or Outline ☐ Other Documentation

Total Stipend Amount claimed $_____ Fund/GL: _____

_____ _____

Signature of Academic Administrator Date

For Office Use Only

Reviewed by _____ _____

Supervisor Date

_____ _____

President Date

Approved by _____ _____

Chief Human Resources Officer Date

Rev 02/2018