

Instructions

Part-Time Faculty

1. Scroll and access “Office Hour Stipend for Part-Time Faculty Request Form”.
2. Key in requested information required on the fillable document.
3. Upon completion of signed form, either (1) print, sign, scan and submit form via email to the Dean’s office or (2) print, sign and submit approval form to Dean’s office via campus mail.

Dean’s Office

1. Upon receipt of the “Office Hour Stipend for Part-Time Faculty Request Form”, please review form and syllabus and confirm information provided.
2. Complete section “For Dean’s Office Use Only”
 - a. Reminder: check the appropriate sections approved for payment
 - b. Sign and date form
3. Scan and email approved form to Interim HR Officer – Academics, Pahua Vue at pvue@yccd.edu.

Note: After scanning and sending form via email, please **DO NOT** send original form to HR as the scanned form will be used to generate payment.

If you choose not to scan form, you must submit original form to HR.

IMPORTANT NOTE:

The “Office Hour Stipend for Part-Time Faculty Request Form” must be submitted to HR no later than November 30th for the Fall semester and no later than April 30th for the Spring semester.



Office of Human Resources

Office Hour Stipend for Part-Time Faculty Request Form

Article 8.3 Eligibility for unit members to participate in the office hour program will be unit members teaching during the fall and spring semesters, including 9-week courses during the regular semester. Unit members must be teaching unit bearing, transfer, degree or certificate courses. Additionally, to be eligible, each unit member will be required to have a minimum load of 20% or 3 units in the semester of the request.

Article 8.4 Each unit member who is eligible as described in 8.3 will be compensated a flat stipend of \$375 per semester, per assignment, to be paid at the end of the semester. The \$375 stipend will equate to 15 hours of STRS service credit.

Article 8.5 Unit members requesting the office hours' stipend will be required to list their office hours on their syllabus and distribute it to students.

Part-Time Faculty: _____ Colleague ID: _____

Campus Location: Beale Clearlake Colusa Sutter Woodland Yuba

Office Hour Request for: Fall Spring _____ Year

Class Information:

	Section/Course Title (ex: ENGL-1A-M1234)	Office Hour Days and Time (ex: T/Th. 6:00 p.m. – 7:00 p.m.)	Load Units
1			
2			
3			
4			

Part-Time Faculty Signature _____

Date _____

FOR DEAN'S OFFICE USE ONLY

Article 8.6 Unit members who request compensation for office hours must complete the "Office Hour Stipend for Part-Time Faculty Request Form" form and submit to the appropriate Dean within the **first eight weeks of the semester**. The Dean will sign and forward all requests to the Office of Human Resources for payment.

I have reviewed and verified that the following section(s) above are eligible, as stated in the YC-AFT Agreement Articles 8.3, 8.4, 8.5, to receive the Office Hour stipend.

Please check which section(s) above is approved for payment.

1 2 3 4

Dean Signature _____

Date _____