

IMPERIAL VALLEY COLLEGE

Pre-Authorization Faculty Special Assignment Compensation Agreement

(Compensation for special services is recommended by the College President (designee), and is approved by the Board of Trustees. For special assignments in addition to regular responsibilities, faculty members may receive compensation in addition to their regular salaries.)

Faculty Name	Faculty Title	Date
Department/Program	Academic Year	
Budget/Funding Code		
Assignment Type: <input type="checkbox"/> Project <input type="checkbox"/> Product <input type="checkbox"/> Service <input type="checkbox"/> Contractual		
Deadline or Dates of Service:		
Description/Title of Assignment or Stipend:		
Expectations and criteria to determine completion and success of assignment:		
How will this assignment be evaluated and name of evaluator?		

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Projected Payment Date(s):	Compensation:	
One-Time Payment: _____	<input type="checkbox"/> Fee for service or product	Amount: \$ _____
Multiple Payments: _____	<input type="checkbox"/> Reassigned time	Amount: \$ _____
_____	<input type="checkbox"/> Overload Rate	Amount: \$ _____
_____	<input type="checkbox"/> Contractual	Amount: \$ _____

Faculty's Signature	Date
Immediate Supervisor Signature	Date
Vice President Signature	Date
Administrative Services/Designee Signature	Date
Chief Human Resource Officer Signature	Date

<u>For HR Office Use Only</u>
_____ Verification of Part-Time Faculty Load (if appropriate)
_____ Board of Trustees' Approval Date