



FULL AND PART-TIME FACULTY ADDITIONAL PAY AUTHORIZATION

ACADEMIC YEAR _____

Instructor: Full-time Part-time

Last Name: _____ First Name: _____ Employee ID No.: _____

Division: _____ Dept: _____

Duties being performed: _____

Charge Additional Pay to : _____ - 1430

Faculty Full-Time Part-Time

SUMMER Start: _____ End: _____ Total Amt: \$ _____

FALL QTR Start: _____ End: _____ Total Amt: \$ _____

WTR QTR Start: _____ End: _____ Total Amt: \$ _____

SPR QTR Start: _____ End: _____ Total Amt: \$ _____

Please Note: Not withstanding Article 7.11 in the FA Agreement, additional pay for part-time faculty will create load. Please keep this in mind when awarding additional pay to part-time faculty.

Counselors (Hours Only)

SUMMER Start: _____ End: _____ Total Hours: _____

FALL QTR Start: _____ End: _____ Total Hours: _____

WTR QTR Start: _____ End: _____ Total Hours: _____

SPR QTR Start: _____ End: _____ Total Hours: _____

Comments: _____

For Payroll Use Only

Bracket: _____

Step: _____

Position #: _____

Entered by: _____

Date: _____

For Retro Pay/District Payroll Office

Entered by: _____

Date: _____

APPROVALS

_____	_____	_____	_____
Faculty Member	Date	Division Dean	Date
_____	_____	_____	_____
Vice President or Designee	Date	Dean of Academic Services	Date
_____	_____	<input type="checkbox"/> No Load Initialed by: _____ (Dean, Acad. Svcs.)	
Director, Budget & Personnel	Date	COLA: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note: Please forward this form with all signatures to the Director of Budget & Personnel for final approval. Original to be processed by Campus Payroll and kept on file in Campus Payroll.