



BARSTOW

COMMUNITY COLLEGE

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	Budget Analyst Review	
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:	Projected Payment Date(s):	

Compensation:

- Fee for service or product
- Reassigned time
- Overload
- Contractual

Amount: \$ _____
Amount: \$ _____
Amount: \$ _____
Amount: \$ _____

Faculty's Signature

Date

Educational Administrator's Signature

Date

VP Business Services Signature

Date

Vice President's Signature

Date

Associate VP HR Signature

Date

President's Signature

Date

For HR Office Use Only

_____ Board of Trustees' Approval Date

_____ Date of Payment