



## Faculty Stipend Request

Please complete and submit this form to the Director of Instructional Planning and Budgets. This agreement is between College District 9, Highline College and the employee identified as follows:

Name of employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Period of performance: \_\_\_\_\_ Pay date requested (10th is preferred): \_\_\_\_\_

Budget program or project number: \_\_\_\_\_ Combo code: \_\_\_\_\_

College agrees to pay employee for the services described below, the total amount of:

Number of payments: \_\_\_\_\_ Total stipend amount: \_\_\_\_\_

Description of services to be performed by employee:

---

---

---

Stipend rate of pay (please see the HC-HCEA contract for more details on approved rates of pay):

- |   |  |
|---|--|
| <input type="checkbox"/> Division Chair                   | <input type="checkbox"/> Part time faculty meeting participation (\$40/hour) |
| <input type="checkbox"/> Department Coordinator           | <input type="checkbox"/> Project rate (\$55/hour)                            |
| <input type="checkbox"/> BAS Coordinator (\$3,000/annual) | <input type="checkbox"/> Independent study rate (\$45/credit/student)        |
| <input type="checkbox"/> Doctorate degree completion      | <input type="checkbox"/> Internship/COOP (\$125/student)                     |
| <input type="checkbox"/> Small class compensation model   |  |

If you select the independent study or small class compensation model, please provide the name of the class:

\_\_\_\_\_

☐ Other (Please describe: \_\_\_\_\_)

*This agreement is subject to the Laws of the State of Washington, the rules of the State Board for Community and Technical Colleges, the rules and adopted policies of the Board of Trustees of Community College District 9, and any applicable parts of a current Collective Bargaining Agreement which affect the terms and conditions of this employment, all as now or hereafter amended. Said laws, rules, and agreements are hereby made a part of the terms and conditions of this Payment Agreement, the same as though they had been expressly set forth herein.*

*The parties to this Agreement understand and agree that this is a temporary Employment Agreement and that it is to be effective only for the period stated above. Further, the parties understand and agree that neither this appointment nor any policy, rule, or regulation of the College or any other state agency shall be construed as providing the employee with an expectancy of continued or future employment with the district. Further, the parties understand and agree that the tenure rules contained in RCW.28B.50.850 et seq. and in any rules, regulations, or policies of the College have no applicability to the employment relationship created by this Agreement or to the employee's status with the College under this agreement.*

*The parties to this Payment Agreement acknowledge that this Agreement is subject to termination at the discretion of the College Administration, based on insufficient student interest in the program, lack of funds, or any other lawful reason.*

### Budget Authority

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

### Appointing Authority

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_