

**INDIAN HILLS COMMUNITY COLLEGE
ADJUNCT/PART-TIME TEACHING AGREEMENT**

Payroll Dept. Use Only
DATE PAID _____

Date: _____

Employee Name: _____

Address: _____

Telephone; (_____) _____

Soc. Sec. No: _____

TEACHING ASSIGNMENT: _____ Adjunct/Part-time _____ Overload _____ Other

1. Course Number: _____ Course Title: _____
Start Date: _____ End Date: _____
Total Hours: _____ Rate: \$ _____ Total Amount: \$ _____

Position Code: _____

Source _____ Account Number (14 digits required)
_____ - - - - -

2. Course Number: _____ Course Title: _____
Start Date: _____ End Date: _____
Total Hours: _____ Rate: \$ _____ Total Amount: \$ _____

Position Code: _____

Source _____ Account Number (14 digits required)
_____ - - - - -

The above named employee agrees to provide instruction for the course(s) as noted above in accordance with college policy. In return, the college will provide payment as calculated above. Payment will be made

(check one) _____ in equal installments that will begin no sooner than two (2) weeks after the start date, or
_____ on the first payday after the end date.

All pay dates will be based on established payroll deadlines. Failure to complete the assignment as agreed will result in a salary reduction at the above rate of pay. This agreement should be signed and returned to the supervisor prior to the course start date. This agreement may become void if the class is cancelled or the instructor fails to meet stipulated guidelines.

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____

Budget Director: _____ Date: _____