

CENTRAL TEXAS COLLEGE
Part-Time Employment Agreement
 (Also used for overload compensation)

Date _____ Location _____ Day Evening

Name of Employee _____ SSN _____ Colleague ID # _____

This part-time agreement is made with the understanding that employment continuation is for a stated course or task only, and is subject to cancellation if course or task is cancelled for any reason. All absences will be charged against the stated amount of pay at a proportionate rate.

Degree Level _____

The total amount of this agreement is not to exceed \$ _____.

The Master Instructor for course (s) listed below is _____.

	Amount of Pay	No. of Students
1. _____ _____ From: _____ To: _____ Time Days of Week (Beginning Date) (Ending Date)	\$ _____ Per Course	
2. _____ _____ From: _____ To: _____ Time Days of Week (Beginning Date) (Ending Date)	\$ _____ Per Course	
3. _____ _____ From: _____ To: _____ Time Days of Week (Beginning Date) (Ending Date)	\$ _____ Per Course	
4. _____ _____ From: _____ To: _____ Time Days of Week (Beginning Date) (Ending Date)	\$ _____ Per Course	

As a part-time employee, I will be employed as a _____
 from _____, 20____, to _____, 20____ and will be paid \$_____ per hour.

I hereby certify and understand that I am familiar with the pay provisions, working conditions, employee benefits, EEO/SHP training requirement and other policies regarding employment, all of which are incorporated herein and made part of this agreement by reference. As a part-time employee, I understand that employment will be less than half of the standard work load (less than 20 hours weekly), or work is irregular, seasonal or temporary, to include delivery orders for a definite period of less than 4 ½ months or less than a full semester of more than 4 calendar months during a school year.

 (Executive Officer)

 (Employee)

 (Department Manager/Site Director)

 (Position Code and Funding Source)

 (Budget Management)

 (GL Department Account Number)