



# Part Time Faculty Committee Stipend Request

(Article 7.4 YC-AFT-Collective Bargaining Agreement)

### Committee Assignment

WCC   
  YC   
  LCC   
  YCCD

Name: \_\_\_\_\_ I.D. \_\_\_\_\_ seven digit ID

Served on the following committee: (one form for each committee assignment)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Senate (\$825)    | <input type="checkbox"/> Academic Calendar (\$425)          | <input type="checkbox"/> College Flex (\$425) |
| <input type="checkbox"/> College Council (\$825)    | <input type="checkbox"/> College BSI (\$425)                | <input type="checkbox"/> College SLO (\$425)  |
| <input type="checkbox"/> DCCC (\$825)               | <input type="checkbox"/> District IT (\$425)                |   |
| <input type="checkbox"/> District Budget (\$825)    | <input type="checkbox"/> District Distance Learning (\$425) |   |
| <input type="checkbox"/> College Curriculum (\$825) |   |   |

### Certification of Work Completed

Committee service completed \_\_\_\_\_  
Semester Date

\_\_\_\_\_  
 Signature of Part Time Faculty Date

The above Part Time Faculty member attended at least 80% of the committee meetings this semester

\_\_\_\_\_  
 Signature of Committee Representative Date

\_\_\_\_\_  
 Printed Name of Committee Representative Title

### For Office Use Only

Approved by \_\_\_\_\_  
Chief Human Resources Officer Date