



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"/> Student Success (\$825) | <input type="checkbox"/> District IT (\$425) | <input type="checkbox"/> DCCC (\$825) |
| <input type="checkbox"/> District Budget (\$825) | <input type="checkbox"/> District Distance Learning (\$425) | |
| <input type="checkbox"/> College Curriculum (\$825) | <input type="checkbox"/> DC3 - District Consultation Council (\$425) | |

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