AREA 1 AREA 2 AREA 3

**Org. Code(s)**

**Campus Code**

**Position No.(s)**



**NINE-MONTH FULL-TIME FACULTY**

**SUMMER SERVICE EMPLOYMENT FORM**

**Employee’s Name:**

**Banner ID #: Last 4 digits of SS #:**

**Effective Dates: *From:* *To:***

**Percentage of Time Employed:**

**Rank (or Title): Division:**

**Campus:**

**Summer Salary:**

COURSE ACC+OFF  
 PREFIX DESCRIPTION LCTCS FTE DCC FTE HR/WK HRS PAY HRS DAY NO. WKS AMOUNT

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*Compensation for this summer employment will be provided upon validation of minimum student enrollment.  If course sections are canceled, the faculty member will be paid for the time worked at the* [*Current Summer Session Pay Scale’s*](http://docushare3.dcc.edu/docushare/dsweb/Get/Document-2716/) *hourly rate for instruction or at the current hourly rate for non-instructional activities (registration) as applicable. This agreement becomes null and void if the faculty member’s employment is terminated, if the faculty member is notified that his or her appointment will not be renewed for the next academic year, or if the faculty member is unable to fulfill the agreed upon responsibilities.*

**Signatures:**

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Faculty Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Vice Chancellor for Human Resources Date   
  
  
   
 Form 2123/001 (2/16)