



Contract No: _____

Department: _____

Miscellaneous Assignment

Last Name First Name Employee ID Department Supervisor

Total number of hours for this assignment: _____

Hourly rate used to calculate payment: _____

Total contract amount: _____

Pay biweekly through contract end date OR

Pay lump sum upon completion of assignment

The contract will begin on _____ and end on or about _____ unless terminated at an earlier date according to the Texas At Will doctrine.

Nature of assignment: _____

Days/times of assignment: _____

It is understood and agreed that the employee shall be governed by and discharge the duties required by the school laws of this State and such local rules and regulations as are in effect at this time and may be adopted by Grayson College.

In most cases, if you are a FULL-TIME, SALARIED employee with Grayson College and you are teaching or providing support during your regular hours of work, you are required to request Vacation or Personal Time for the hours you are under this agreement.

Are you currently a contributing member of the Teacher Retirement System of Texas? Yes No

If yes, where are/were you employed? _____

Employee Date

Dean/Director Date

VP/President Date

Human Resources Date

Account Number	%	Department

**This form is to be submitted to HR
for processing of payment via payroll.
Please obtain employee signature
before forwarding to HR.**