

**SPECIAL PROJECT REQUEST
FOR CERTIFICATED/ACADEMIC EMPLOYEES**

Employee's Name: _____ Employee #: _____

Full-Time Part-Time Campus: RCC MV Norco District

Session: Summer Fall Winter Spring Academic Year: _____

WORK/SERVICES TO BE PROVIDED BY EMPLOYEE:

Name of Special Project: _____	
Description of Duties: _____	

Start Date: _____	(must be after Board Approval) End Date: _____

Salary Placement per Hour at Group _____, Step _____ (of the Faculty Hourly Salary Schedule, <u>Lab Rate Only</u>)
Total hours allotted for the project _____
Paid by the Hour with Amount Not to Exceed \$ _____
Paid as Lump Sum upon Completion in the Amount of \$ _____ <i>(lump sum payment upon completion does not require a daily time report)</i>
Funding Sources or Budget Code: _____ <i>(e.g., ASB, VATEA, Special Grant)</i>
<i>(The hourly rate and allotted hours for the project must be filled in even if the payment is to be paid as a lump sum.)</i>

1. Faculty Member: _____ Date: _____
Signature

2. Dean Director (project supervisor): _____
Dean/Director (Project Supervisor) – Printed Name

Dean/Director (project supervisor): _____ Date: _____
Signature

3. Budget Control Verified: _____ Date: _____
Signature *(return to Dean/Director after budget approval)*

4. Vice President: _____ Date: _____
Signature

5. President: _____ Date: _____
Signature

6. President forwards completed Special Project Request form to Diversity and Human Resources

Date of Board Action: _____

Original: Payroll Copy: Employee Personnel File Copy: Employee Copy: Dean/Director