

Agreement for Summer Teaching Assignments With Formula Pay

I, _____, hereby understand and agree to the following summer pay conditions:

- Teaching for formula pay during the summer is offered to faculty members who
 - are committed to and will be actively participating in college service throughout their formula pay assignment, and
 - will provide written report(s) to the dean regarding their summer college service activities, as may be requested.

- If I resign my employment with Collin College by the March 2 deadline identified in my full-time faculty contract, I can be considered to teach during the immediate upcoming summer session at formula pay (*in accordance with the academic dean's decision regarding assignment of loads/division priorities and the conditions for summer teaching assignments that are outlined in the Faculty Load Manual that is published on the college's web site.*)

- I also understand and agree that if I accept a summer teaching assignment for formula pay and subsequently resign my full-time position with the college after the March 2 deadline outlined in my full-time faculty contract and fail to continue in my full-time employment with the college through the following academic year, I will reimburse the college for the difference in pay between the formula rate and the associate faculty rate of pay* received during the most recent summer. I understand that I will have a legal obligation to this debt and agree that I will reimburse the college through a deduction of such funds from my final payroll check (*without further authorization from me*). If insufficient funds are available in my final payroll check, I will reimburse Collin College for the required amount via a personal certified check made payable to Collin College and delivered to the college Bursar's Office at the Collin Higher Education Center not later than ten (10) calendar days following the last day of work with Collin College.

This agreement shall stay in effect from the date of the agreement, _____, through the end of my full-time employment with Collin College for any and all formula pay summer assignments.

Faculty Member Name (printed)

CWID

Faculty Member (signature)

Date

**** The college exempts FMLA-based resignations from this agreement.***

Please forward the signed agreement to Human Resources at CHEC.