



FACULTY SUPPLEMENTAL EMPLOYMENT AGREEMENT

Parties: This agreement is between College District 9, **Highline College** and the employee identified as follows:

Name of Employee:	SID #:	Date prepared:
Address: (NOT ESSENTIAL)	Pay Date Requested:	Budget #:

Description of services to be performed by employee and period for performance:

College agrees to pay employee for satisfactory performance of these services, the total amount of:

No. of Payments: _____ \$ _____

This agreement is subject to the Laws of the State of Washington, the rules of the State Board for Community and Technical Colleges, the rules and adopted policies of the Board of Trustees of College District 9, and any applicable parts of a current Collective Bargaining Agreement which affect the terms and conditions of this employment, all as now or hereafter amended. Said laws, rules, and agreements are hereby made a part of the terms and conditions of this Payment Agreement, the same as though they had been expressly set forth herein.

The parties to this Agreement understand and agree that this is a temporary Employment Agreement and that it is to be effective only for the period stated above. Further, the parties understand and agree that neither this appointment nor any policy, rule, or regulation of the College or any other state agency shall be construed as providing the employee with an expectancy of continued or future employment with the district. Further, the parties understand and agree that the tenure rules contained in RCW 28B.50.850 et seq. and in any rules, regulations, or policies of the College have no applicability to the employment relationship created by this Agreement or to the employee's status with the College under this agreement.

The parties to this Payment Agreement acknowledge that this Agreement is subject to termination at the discretion of the College Administration, based on insufficient student interest in the program, lack of funds, or any other lawful reason.

(Personnel Services)

Job # _____ Date Entered _____ By _____

Administration

Requested by _____

 *Employee _____ Date _____
 * **HR WILL OBTAIN EMPLOYEE SIGNATURE AFTER ALL OTHERS HAVE SIGNED AND FORM HAS BEEN SENT TO HR**

INSTRUCTOR: Return original to Human Resources, MS 99-200. Until this agreement has been signed and returned/received by the College, no contract exists between the College and the employee.