



SAMPLE FACULTY NOT FOR CREDIT CONTRACT

**College/District Name
Address/City/Zip**

CONTRACT EDUCATION FACULTY ASSIGNMENT INFORMATION (NOT FOR CREDIT ASSIGNMENTS)

This agreement entered this **date** by and between the College/Community College District and:

Name, address, phone

as a **(Name of College)** College employee for the Contract Education Office.

GENERAL CONDITIONS:

1. In consideration of the payments as described below, the employee shall perform for District, services set forth below:
 - Prepare and provide instruction in **subject/title** for employees of **client name**.
 - Course location: **location/address**
 - Course schedule: as scheduled beginning **start date** and not to exceed **end date**.
2. Payments. District has the right to cancel the service to be performed in Paragraph 1. In the event of such cancellation, compensation will be limited to the services actually performed. In consideration of the services provided in paragraph 1, District shall pay to the employee a sum of money not to exceed, during the term of this agreement, the total sum set forth below.

Instructional Hours	##	at \$40.84 per hour =	\$
Stipend	##		\$
Total Compensation			\$

Instructional hours will be paid on a monthly basis according to the number of hours worked in each pay period as submitted on the monthly timesheet. The stipend will be paid on the first payroll date following completion of the above services.

3. Non-assignability. Employee shall not assign this agreement or any portion thereof to a third party without the prior written consent of District, and any attempted assignment without such prior written consent in violation of this section shall automatically terminate this agreement.
4. Non-competition. Employee agrees not to enter into a competitive agreement with the client(s) served by this agreement for a period of one year following the last date covered by this agreement.

The College/Community College District is an Equal Opportunity-Affirmative Action employer.

COLLEGE/DISTRICT NAME

INSTRUCTOR NAME

By: _____

SSN: _____

Date: _____

By: _____

Date: _____