Adjunct Faculty Stipend Process

For adjunct faculty completing course assessments or updating course outlines of record

Assessing a course

- 1. Confer with your department chair regarding any department specific requirements surrounding course assessment and assessment deadlines.
- 2. If you have never assessed a course before and do not know where to start, ask your department chair for assistance or review the Documents and Resources page within the LMC's Teaching and Learning Committee website.
- 3. Complete an electronic time-card and a Time and Effort log.
 - (a) The "Other Academic Service" box must be checked. Also check the "Other" box. (These boxes have been checked for you.)
 - Next to the blank line, write in the course assessed. (See example, using Math 210, below.)
 - (b) Check the LMC box for location. (This has been done for you.)
 - (c) The position number is L-1193-N4 (This has been filled in for you)
 - (d) A maximum of three hours are allotted per course assessment.
 - (e) Email the completed and signed (1) time card and (2) time and effort log to officeofinstsruction@losmedanos.edu.
 - (f) The Office of Instruction Staff will forward the time card to the Dean to sign and then to the VPI for signature. The signed time card will be sent to the Business Office for processing.
 - (g) You are entitled to three hours of pay per course assessed.

Lastname, Firstname	1234567	
Print NAME (last name first)	EMPLOYEE ID NUMBER	
STATUS Regular or Tenure Track Contract Employee Temporary Employee	LOCATION: CCC DIST DVC	LMC
SERVICE PERFORMED: Counselor (Hourly) Other Academic Service (Hourly check one)	Librarian Other (Indicate) MATH-210	
Personnel Related Service (Hourly) – Indica	Service & Rate \$	
Special Program (Hourly) – Indicate Service	k Rate \$	
TIME SERVED:		
MONTH/YEAR May 2023	Position Number L-1193-N4	
1 2 3 4 5 6 7 8 9 0 11 12 13 14	5 16 17 18 19 20 21 22 23 24 25 26 27 28 29	30 31 TOTAL
(Absence Codes: A-Absent without pay, S-Sick, P-Paysonal necessity lea	e, H-Paid Holiday, B-Bereavement leave, I-Industrial Accident or Illness)	
EMPLOYEE Signature Certifies as true and correct Date	Signature of SUPERVISOR Certifies as true and correct	Date
7129 revised 3-20 Contra Costa Community College Di	trict Faculty Variable Service Report-Counseling/Other A	Academic Se
Clear Form		