



Contract No: \_\_\_\_\_

Department: \_\_\_\_\_

# Miscellaneous Assignment

Last Name First Name Middle Name Department Supervisor

Address City State Zip Telephone

**The employer hereby agrees to pay the employee the sum of:** \_\_\_\_\_ for services rendered.

**The estimated total number of hours for this assignment is:** \_\_\_\_\_

**The agreed hourly rate used to calculate payment is:** \_\_\_\_\_

**The payroll schedule for payment is:** \_\_\_\_\_

The contract will begin on \_\_\_\_\_ and end on or about \_\_\_\_\_ unless terminated at an earlier date according to the Texas At Will doctrine.

**Nature of assignment is:** \_\_\_\_\_

It is understood and agreed that the employee shall be governed by and discharge the duties required by the school laws of this State and such local rules and regulations as are in effect at this time and may be adopted by Grayson College.

If you are a FULL-TIME, SALARIED employee with Grayson College and you are teaching or providing support during your regular hours of work, you are required to request Vacation or Personal Time for the hours you are under this agreement.

Are you currently a contributing member of the Teacher Retirement System of Texas? Yes  
No

If yes, where are/were you employed? \_\_\_\_\_

Employee Date

---

Director/Department Head Date

---

VP/President Date

---

Human Resources Date

---

Payroll deadline for processing

Account Number	%	Department

**This form is to be submitted to HR for processing of payment via payroll.**