

**SHAWNEE COMMUNITY COLLEGE
PART-TIME CONTRACT ADDITION/CHANGE FORM
(For Hourly Employees or Special Type Contracts)**

Term and Year: (Please Circle)	Fall 2013 Spring 2014 Summer 2015
Contract Type: (Please Circle)	Addition Change Cancellation
Today's Date	
Contract to be prepared for: Name SS# or SCC ID# Address City State Zip Home Telephone Number	
Contract Description:	
Location:	
Begin and End Times:	
Begin and End Dates:	
Salary Amount:	
Account Number:	
Timesheet or Timeclock Dependent: (Please Circle)	Yes – Timesheet/Timeclock or No
To be Disbursed: (Please Circle)	Semi-Monthly / Twice a Semester / One Time Only
Requested by:	
(For Office Use Only) <input type="checkbox"/> Entered in AS/400 <input type="checkbox"/> Contract Prepared	
Approved by Vice President:	

Please submit to appropriate Vice President and then to Instructional Services Office