

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT
Temporary Expanded Duties (T.E.D.) Stipend Request
Full Time Administrator and Exempt Staff Employees Only**

PURPOSE: At the discretion of the location CEO a full-time administrator or staff employee may be awarded a stipend not to exceed seven percent (7%) of their current salary on a temporary basis. This stipend is based on expanded duties and/or responsibilities for the employee, is specific to location needs and has a defined beginning and ending date.

INSTRUCTIONS: This form is to be used by the employee's immediate supervisor to request the stipend for the assignment. Provide in detail, the scope of the additional duties/responsibilities and the projected times frame of the expanded duties. Clearly define the additional duties and/or responsibilities and indicate how the duties will significantly expand the employee's current role. Additional guidelines may be obtained through the DCCCD HR Operational Guidelines (HROG), Compensation, approved May 21, 2012.

Date of Request:	Employee's Primary DCCCD Location:
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Name of Employee:			Colleague ID #	
Last	First	MI		
Current Job Title:		Current Salary:		Mo or year
Expanded duties will begin on:			And will end on:	

Clearly list the expanded duties which are being added to the employee's current role (use additional pages if necessary): Provide justification of why the expanded duties are necessary (use additional pages if necessary):

RECOMMENDED PERCENTAGE (%) OF STIPEND (half or whole percentage only):	% (NTE: 7%)
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PAYMENT: Payment will be made beginning the first regularly scheduled pay day following the beginning of the assignment or following the final approval of the location CEO, whichever occurs later. Payment will be made monthly, in equal amounts, for the duration of the assignment, not to exceed 08/31 of a calendar year. Employee understands and agrees the stipend amount is temporary in nature, will not be applied toward the employee's base salary and is subject to usual and customary taxes and withholding. The stipend may be discontinued (with or without advance notice) at any time if in the best interest of the institution.

Requesting Supervisor: My signature confirms that I understand and will apply the parameters set forth in the DCCCD Temporary Expanded Duties Stipend for the above named employee from **account number**. _____

Signature: _____ Date: _____

APPROVED AS PRESENTED:

Human Resources Director: _____ Date: _____
 Location Chief Executive Officer: _____ Date: _____

ACKNOWLEDGEMENTS: Employee: My signature confirms my understanding of the Temporary Expanded Duties Stipend and agreement to the parameters of the assignment of which I am willing to participate. I have been provided with a copy of the DCCCD HROG regarding this program.

Signature: _____ Date: _____