

**MISSISSIPPI DELTA COMMUNITY COLLEGE**

**Special Project Hours  
CONTRACT ADDENDUM FORM**

(Contract Addendum forms are incorporated within the employee's sole contract of employment. Payments are not eligible to be spread over a twelve-month period; however, payment will be generated in accordance with scheduled payroll processing.)

**Date Submitted:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Board Approval for Month of:** \_\_\_\_\_

**Name** \_\_\_\_\_ **D#** \_\_\_\_\_

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

Description	Time	Days	# of Contact Hours	Campus

**Special Project Hours** \_\_\_\_\_

\_\_\_\_\_ per hour

\_\_\_\_\_ Total to be paid

**APPROVED BY:**

Employee \_\_\_\_\_ Date \_\_\_\_\_

Division Chair/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Vice-President of Instruction \_\_\_\_\_ Date \_\_\_\_\_

Executive Vice President \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_