

BEVILL STATE COMMUNITY COLLEGE EMPLOYMENT SUPPLEMENT

This employm	ent supplement is n	nade on	between Bevill State Community College, the			
employer, and	k		, the employee, and conditional upon acceptance thereof by the			
employer will	confirm the employ	ee's appointment for	the performance of the following services:			
			. The salary for the supplement period will be			
\$	payable in	equal payment	qual payment(s). The period of the supplement will begin			
		and will end	This supplement is subject to the "Terms and			
Conditions" lis	sted hereon, or whic	ch are attached heretc	and made a part hereof. This supplement will be paid through			
payroll from a	ccount number					

Duties and responsibilities in the position are subject to the policies, procedures, and regulations now existing or which hereafter may be changed as promulgated by the Institution and the laws, policies, procedures, and regulations now existing or which hereafter may be changed to govern the Institution.

This supplement is subject to the "Terms and Conditions" listed hereon or which are attached hereto and made a part hereof.

Acceptance of this offer of employment and the provisions of this supplement should be indicated by signing in the space provided.

I acknowledge that I have read and understand all provisions of the foregoing supplement of employment including its "Terms and Conditions" and I accept this offer of employment and agree to abide by all provisions of the foregoing supplement.

Employee Signature				Employe	Employee Number		Date	
Requester Sig	gnature				Date			
Supervisor/Associate Dean (as appropriate)					Date	Date		
Vice President (as appropriate)					Date	Date		
President					Date			
under its contro	l, that no j	person shall be	discriminated ag	ainst on the basis of a	and Bevill State Commony ny impermissible criterio age, or any other prote	on or characteristic,	including, but not	
HR Use Only:	HR	Copies:	Payroll	DW Dean	Vice President	Requester	Employee	