Request to Fill Adjunct Faculty Position/Temporary Professionals through Group Ad

Part A:

3. List Courses to be taught (for faculty) or brief job description for professionals – Include Advertisement:

(Signature – Department Chair/Supervisor)   (Date)

(Signature – Dean/Vice President)   (Date)

(Signature – Affirmative Action Officer)   (Date)

Duplicate as Necessary for Each New Hire
Part B: (To be completed after verbal inquiry – Curriculum vitae must be attached)

- ☐ New Hire
- ☐ Appointed After Interrupted Service

Consecutive Semesters #: ____________  Course Equivalent #: ____________
Credit Hours Equivalent: ____________  FTE: ____________
Appointment Type: ____________
Semester/Obligation:  □ Fall 20____  □ Spring 20____  □ Full Acad. Year 20____ – 20____  Other: ____________
Workload (List course prefix and number): ______________________________________________________________________________________

Name: ________________________________________________________________________________________________________
Home Address: __________________________________________________________________________________________________
Salary: _______________  Account #: ____________  ☐ PSR  ☐ Temp Service
Department: ______________________________________________________________________________________________________
Title: __________________________________________________________________________________________________________

(Signature – Chair/Immediate Supervisor) ____________________________________________  (Date)

(Signature – Dean or Next Level Supervisor) ____________________________________________  (Date)

Vice President’s Signature required below if teaching more than 2 courses/sem. and/or being paid above maximum.

(Signature – Vice President) ____________________________________________  (Date)

Part C (To be completed by Business Office)

- ☐ Annual Salary Rate  $________________________
- ☐ Biweekly  ☐ Hourly (Temp Service only)  $________________________
- ☐ Total Actual Pay  $________________________
- ☐ Payroll Dates ________________ to ________________  $________________________
- ☐ Academic Year Total $________________________

Payroll Office Verification
By: ________  Date: ________

Business Office Verification
By: ________  Date: ________

Human Resources Verification
By: ________  Date: ________  Line #: ________