



ADJUNCT PERSONNEL ACTION* FORM

TO BE COMPLETED BY CHAIRPERSON (please type and complete all items):

CHECK APPROPRIATE ITEM:

- New Appointment** Reappointment Overload

NAME: _____

ADDRESS: _____

SOC SEC #: _____ HOME PHONE: _____ EMAIL: _____

EFFECTIVE DATES: _____ TO _____

COURSE AND SECTION NUMBER: _____

DAYS: _____ PERIOD: _____

CONTACT HOURS PER WEEK: _____

TITLE: (check one)

TEACHING ADJUNCT

- PROFESSOR 13110 90600110
- ASSOCIATE 13210 90600210
- ASSISTANT 13310 90600310
- LECT/INSTR 13410 90600410
- LAB TECHS 13510 90601310

NON-TEACHING ADJUNCT

- PROFESSOR 43910 90603910
- ASSOCIATE 43810 90603810
- ASSISTANT 43710 90603710
- INSTRUCTOR 43610 90603610
- LECTURER 43510 90603510

SIGNATURE OF CHAIRPERSON: _____ DATE: _____

TO BE COMPLETED BY THE OFFICE OF THE PROVOST:

RATE PER HOUR: _____ TOTAL HOURS: _____

REMARKS: _____

REPLACEMENT FOR: _____ FUNDING SOURCE: _____

APPROVED BY: _____ DATE: _____

Semester

TO BE COMPLETED BY PERSONNEL, PAYROLL, AND BUDGET:

EMPLOYABILITY VERIFIED DEPT. CODE: _____ DATE ENTERED INTO PAYSR: _____

VERIFICATION NOT REQUIRED POOL ID: _____ FOR PAYMENT BEGINNING: _____

*Subject to approval of the Provost and financial availability.

**Updated curriculum vitae to be sent to the Office of the Provost.

A completed copy of this Personnel Action Form will be returned to the Chair.