

Adjunct Appointment Request Form

Employee Information

Name (First, MI, Last): _____

Address: _____
Street Apt./Box# City State Zip

Telephone: _____ E-mail: _____

School/Department: _____ Account: _____

Course Information

Course (Title and Prefix): _____

CRN #: _____ Number of Credits: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____

Course (Title and Prefix): _____

CRN #: _____ Number of Credits: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____

Course (Title and Prefix): _____

CRN #: _____ Number of Credits: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____

Attachment Checklist / Additional Information

Resume

Additional Information:

Approval

Dean: _____
Signature Date

For HR Use Only

Title: _____

Base Rate: _____ Total compensation for above assignments: _____

Check if eligible: Appointment Type: Term

Health Insurance Sick Leave Accrual _____ Days/mo. Temporary