



ADJUNCT APPOINTMENT FORM

☐ Revision

A. EMPLOYEE INFORMATION							
FIRST NAME		MI		LAST NAME			
ADDRESS				CITY		STATE	
PHONE				EMAIL			

B. APPOINTMENT INFORMATION	
DEPARTMENT	BUDGET TITLE
ADJUNCT INSTRUCTOR	
APPOINTMENT TYPE (Check all that apply)	<input type="checkbox"/> PT Term ____% <input type="checkbox"/> PT Temp ____%
APPOINTMENT DATE	From (mm/dd/yy): To (mm/dd/yy):
COMMENTS	

C. COURSE DETAIL						
TERM	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> Winter 20					
COURSE NO.	COURSE NAME	DELIVERY (CAMPUS VS. ONLINE)	HOURS		COMPENSATION	ACCOUNT #
			# of Contact Hours	# of Credit Hours		

D. BUDGET AND PAYROLL INFORMATION	
TOTAL SALARY	\$

E. AUTHORIZATIONS			
DEPT. CHAIR/SUPERVISOR		DATE	
DEAN/DIRECTOR		DATE	
PROVOST/VICE PRESIDENT		DATE	
HUMAN RESOURCES		DATE	
BENEFITS		DATE	
BUDGET DIRECTOR		DATE	
VP OF ADMIN		DATE	

HR USE ONLY	
SSN	
DOB	
Benefit Eligible	<input type="checkbox"/> YES <input type="checkbox"/> No
Eligibility Date	
Notice Date	

PAYROLL USE ONLY	
Line #	
Payroll Dates	

DISTRIBUTION: Personnel File - Payroll - VP Admin