



ADJUNCT REQUEST FORM

TERM _____ YEAR _____

ADJUNCT NAME (and title): _____

REQUIRED CONTACT INFO.

(must fill out each term on each adjunct, including guest artists)

ADDRESS: _____

PHONE NO.: _____ WORK NO.: _____

ALTERNATE PHONE NO.: _____

E-MAIL(S): _____

CLASS NAME _____

CLASS NUMBER (including section no.) _____ PAY AMOUNT _____

2nd CLASS NAME _____

CLASS NUMBER (including section no.) _____ PAY AMOUNT _____

3rd CLASS NAME _____

CLASS NUMBER (including section no.) _____ PAY AMOUNT _____

TOTAL TO PAY ADJUNCT: \$ _____ ACCT. NO. TO CHARGE: _____

ANY SPECIAL INSTRUCTIONS/ACCOMMODATIONS: _____

- ❖ Please make sure that new (and returning after one year) adjuncts report to HR to fill out necessary paperwork for payroll.
- ❖ Adjuncts must have on file in the Provost's Office their official school transcripts, their credential sheets (completed by Chair or Dean), and their resume or vita.
- ❖ Adjuncts are paid over the four month term on the 25th of each month (Sept. – Dec. or Jan. – April).

Department Head's signature: _____ Date: _____

Dean's signature: _____ Date: _____

Provost's initial: _____