



ADJUNCT REQUEST FORM

TERM _____ YEAR _____

ADJUNCT NAME (title): _____

Full-Time Faculty: Yes _____ No _____ CAPP _____ Traditional _____

REQUIRED CONTACT INFO.

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

ADDRESS: _____

PHONE NO.: _____ WORK NO.: _____

ALTERNATE PHONE NO.: _____ E-MAIL: _____

CLASS NAME _____ If on-line, which term: _____

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

2nd CLASS NAME _____ If on-line, which term: _____

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

3rd CLASS NAME _____

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

TOTAL PAY \$ _____ CHARGE ACCT. NO. _____

SPECIAL INSTRUCTIONS/ACCOMMODATIONS: _____

- ❖ Please make sure that new (or 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 on the last business day of each month during the semester and months in which they are teaching.

Department Head's signature: _____ Date: _____

Dean's signature: _____ Date: _____

Provost's initial: _____