



PROVOST USE ONLY: ____ NEW ____ S ____ C
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ADJUNCT REQUEST FORM

TERM _____ YEAR _____

ADJUNCT NAME (& Title): _____

E-MAIL: _____ SCHOLAR ID#: _____

ADDRESS: _____

PHONE NUMBER: _____ WORK NUMBER: _____

DELIVERY METHOD (circle one): TRADITIONAL ONLINE CAPP

CLASS NUMBER (i.e. ENG-1010-01): _____

CLASS NAME: _____ PAY AMOUNT: _____

DELIVERY METHOD (circle one): TRADITIONAL ONLINE CAPP

CLASS NUMBER (i.e. ENG-1010-01): _____

CLASS NAME: _____ PAY AMOUNT: _____

DELIVERY METHOD (circle one): TRADITIONAL ONLINE CAPP

CLASS NUMBER (i.e. ENG-1010-01): _____

CLASS NAME: _____ PAY AMOUNT: _____

TOTAL PAY \$ _____ **CHARGE ACCOUNT NUMBER:** _____

SPECIAL INSTRUCTIONS/ACCOMODATIONS: _____

- ❖ Please make sure that new (or returning after one year) adjuncts report to HR to fill out necessary paperwork for payroll.
- ❖ Adjuncts must their official school transcripts, their credential sheets (completed by Chair or Dean), and their resume on file in Office of the Provost.
- ❖ 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 Initials: _____