

**DEPARTMENTAL REQUEST FOR ADJUNCT AND OVERLOAD FACULTY CONTRACT**

Fall  Spring 20

\*New Hire  Renewal

*\*\*Authorization to Release Information\* form must accompany all New Hires.*

Employee:

Empl ID

Address:

Department/Discipline:

Department	Course No.	Section No.	Title of Course	Cr. Hr.	Meeting Day & Time	Min. Enroll.

Salary Per Three  
Credit Course: \$2000

Division:  Regular  
 Evening

PS No. to be charged	<input type="text"/>
TOTAL Contract Salary:	\$ <input type="text"/>

Please fill in information requested below. For persons not employed regularly by the University, fill in #1. For employees of another state agency, fill in #1 and #2 below. Attach letter indicating permission of supervisor. For administrators at the University, fill in #1, 2, 3. Attach letter indicating permission of supervisor and revised work schedule. For regular faculty members at the University, complete #1-#4 (if applicable).

1. Regular Employment Status:  2. Name of State Agency

3. Title of University Employee

Courses Taught this Semester	Credit Hours	# of Students	Reason for teaching less than 12 cr. Hours

**ROUTE IN ORDER TO:**

1 Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 2 Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 3 Provost's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 4 HR Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

