

Provost:

UNIVERSI		Part-time Faculty Appointment Form Effective Date:										
Original:												
Employee Info	rmatio	า						L				
Employee Name		Oracle Person Number:										
Fall Spring		New Employee: Yes No										
Note: For all new en									— — — w Hire Pap	erwork. I	New Employees mus	
Address:												
City:		State:		Zip Code:								
Email (For New F	lires):											
Highest Degree:	Highest Degree:						Phone (preferably cell #):					
Appointment I	nforma	tion				Denartr	ment or Prog	ram				
Faculty Title:						Department or Program:						
Manager:												
											Amount:	
1. Course Num		Title:	Title:				Hours:		\$			
2. Course Number:				Title:					Hours:		\$	
3. Course Number:				Title:					Hours:		\$	
4. Course Number:				Title:					Hours: \$		\$	
5. Course Number:				Title:					Hours:		\$	
6. Course Number:				Title:	Title:				Hours:		\$	
7. Course Number:				Title:					Hours: \$		\$	
Salary and Acc	ount In	format	tion									
Pay Per Credit Hour: \$				Total Hours:					Total Amount:			
Enter Pay for Spec			W									
Aug:	Aug: Sep:			Oct:			Nov:			Dec:		
Jan: Feb:				Mar:		Apr:		May:				
June:		July:										
Total Amount wi Guidelines for Part	•			_	-	edule per s	session, unl	ess spec	ific pay d	designat	ted by month (se	
Entity	Org	Org Fur		nd Source	Fund	Туре	Account		Class		Project	
Program	Activity S		Site	9	Futur	e1						
Approvals	<u> </u>											
Dept. Chair or Prog. Director:										Date:		
Dean of College:									Date:			

Revised

Date: