

Original:

Revised:

Effective Date:

**Employee Information**

Employee name:				Employee I.D. # (if rehire):	
Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Other <input type="checkbox"/>	Year:	New Employee:    Yes    No

*Note: For all new employees, personal email address required. HR will use this info to send and receive New Hire Paperwork via DocuSign. New Employee must come to HR to present ID's and complete I-9 Work Authorization within 3 business days of their Start Date.*

Address:		
City:	State:	Zip Code:
Email (For New Hires) :		
Highest Degree:	Phone (preferably cell #):	

**Appointment Information**

College or Area:	Department or Program:
Faculty Title:	

				Amount:
1.	Course Number:	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:	Hours:	\$
7.	Course Number:	Title:	Hours:	\$

**Salary and Account Information**

Pay Per Credit Hour: \$		Total Hours:		Total Amount:	
Enter Pay For Specific Months Below					
Aug:	Sept:	Oct:	Nov:	Dec:	
Jan:	Feb:	Mar:	Apr:	May:	
June:	July:				

*Total amount will be paid over the designated monthly schedule per session, unless specific pay designated by month (see Guidelines for Part-time Faculty Appointments on next page).*

Account	Fund	Department	Program	Class	Grant	Amount
5020						
5020						

**Approvals**

Dept. Chair or Prog. Director:	Date:
Dean of College:	Date:
Provost:	Date: