



PART-TIME FACULTY ADDITIONAL ASSIGNMENT AUTHORIZATION

ACADEMIC YEAR _____

Last Name: _____ **First Name:** _____

Division: _____ **Dept:** _____ **Employee CWID:** _____

Assignment Title*: _____ **Pay Rate:** _____

* Describe duties being performed on an additional page for each assignment

Index Code: _____ **or Fund:** _____ **Org:** _____ **Acct:** 1430 **Prog:** _____

Start: _____ **End:** _____ **Hourly Rate:\$** _____ **NTE* Amt: \$** _____

* NTE = not to exceed

Please Note: Not withstanding Article 7.11 in the FA Agreement, additional pay for part-time faculty will create load if it is their primary assignment and will be calculated by column and step. Please keep this in mind when awarding additional pay to part-time faculty.

APPROVALS

Originator's Name (Please Print) Ext./Date

Faculty Member Date

Division Dean Date

Vice President Date

Associate V.P. of Instruction Date

Director, Budget & Personnel Date

*All Additional Pay is presumed No Load unless initialed by the A. V.P. of Instruction. Load Initialed by: _____ AVPI

COLA: Yes No

NOTES: Submit this signed authorization form to Campus Personnel Office prior to start of assignment. Timesheets cannot be processed without an additional assignment authorization form. Monthly timesheets must be submitted. Submit timesheet to Campus Personnel Office (Administration Building Room 137) by the 13th calendar day of the month for inclusion in the month-end pay cycle.

For Payroll Use Only

Position #: _____ Entered by: _____ Date: _____