



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
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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: _____