

Employee Name:

Date:

Primary Position:

Primary Supervisor:

Classification: Exempt Non-Exempt: Hourly Rate \$

Education: Bachelor Master's PhD/MFA

Course Name(s)

Duration: Spring Semester Fall Semester Summer Year Credit Hours:

List Days and List Times you are able and approved to work:

If class is held during employee's regular hours for primary position, indicate how this is to be handled:

Using Vacation Rearranging Hours (describe)

Other (describe)

I have read and agree to the terms of the "[Adjunct Instructor as a Secondary Job](#)" policy.

Employee Signature

Date

ADJUNCT SUPERVISOR

Approved: This approval includes paying additional compensation to a non-exempt employee as necessary to ensure FLSA compliance

Denied: Can't contribute financially Other:

Adjunct Supervisor Signature

Date

Print Name

PRIMARY SUPERVISOR

Approved

Denied: May interfere with primary job duties May cause part time employee to meet or exceed 30 hrs/week (benefits issue)

Other:

Primary Supervisor Signature

Date

Print Name

ACADEMIC AFFAIRS

(Only required if teaching more than 1 class, or if instructor's education level is less than Masters)

Approved

Denied k

Academic Affairs Signature

Date

Print Name

➤ DELIVER COMPLETED FORM TO HUMAN RESOURCES ADM 204 OR MAIL TO HUMAN RESOURCES BOX 171