



GOODWIN 81, 9 (56, 7 <

Staff Request for Adjunct Instructor Assignment

This form must be completed before assignment can be confirmed and Letter of Agreement can be issued

Year: _____ Semester (select one): Spring Summer Fall

Name:	Title:
Current Department:	Direct Manager:
Office Phone:	

Course Information:

Course title	Course credits	Hiring Department	Day/time

Additional detail/conditions regarding this request (e.g. if the class is scheduled to occur during your normal working hours, state how these hours will be made up):

I have read and understand the policies and procedures concerning Adjunct Instructor Assignments and Compensation for Staff /Faculty.

Employee Signature

Date

Approvals:

Direct Manager

Date

Vice President or Assistant VP

Date

Hiring Department:

Department Chair

Date

*Please note: If teaching load exceeds the policy regulations the Provost's signature is required

EVP/Provost Signature

Date