



PART-TIME FACULTY ADDITIONAL PAY AUTHORIZATION

ACADEMIC YEAR _____

Quarter: FALL ___ WTR ___ SPR ___ SUMMER ___

Last Name: _____ First Name: _____

Division: _____ Dept: _____ Employee CWID: _____

Assignment Title*: _____

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

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

OTHER COMPENSATION:

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

• NTE = not to exceed

NON-INSTRUCTIONAL - LOAD:

Start: _____ **End:** _____ **Total Hours:** _____

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
_____ Director, Budget & Personnel	_____ Date	_____ Associate V.P. of Instruction	_____ 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 #: _____ Column/Step _____ Entered by: _____ Date: _____