



## Request to Appoint Exempt Staff Member to an Adjunct Teaching Assignment\*

Please note that this form should not be completed until hiring is approved by the academic Dean. Items 1 through 5 are to be completed by the department chair or academic program director requesting the appointment of an exempt staff member to an adjunct teaching role. Teaching by exempt staff is limited to one course or a limit of four credits per semester. Courtesy adjunct appointments for no additional compensation still require the completion of this form. If additional compensation is requested for the adjunct appointment, the originating department or program should forward the [Additional Compensation Request](#) form outlining terms of payment to Payroll. Payroll will wait for Provost's Office approval to process.

**\*This policy only applies to exempt staff that do not have teaching responsibilities as a part of their position description.**

1. Request originated by: \_\_\_\_\_  
Department Chair \_\_\_\_\_ Date \_\_\_\_\_

2. Semester: \_\_\_\_\_

3. Courses to be taught (include credit hours and total hours of effort per week for each course following the guidelines below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFORT GUIDELINES:** IF THE NUMBER OF REGISTRAR SCHEDULED CONTACT HOURS PER WEEK IS LESS THAN OR EQUAL TO THE NUMBER OF CREDIT HOURS OR THIS A LABORATORY COURSE, THE GENERAL FORMULAS ARE AS FOLLOWS:

<b>FOR ACADEMIC YEAR SEMESTERS:</b>	0 – 399 LEVEL LECTURE COURSE HOURS PER WEEK = 3 x # CREDIT HOURS	0 – 399 LEVEL LABORATORY COURSE HOURS PER WEEK = 4 x # CREDIT HOURS	ALL 400 LEVEL COURSES HOURS PER WEEK = 4 x # CREDIT HOURS
	<b>FOR '6 WEEK' SUMMER SESSIONS:</b>	0 – 399 LEVEL LECTURE COURSE HOURS PER WEEK = 6 x # CREDIT HOURS	0 – 399 LEVEL LABORATORY COURSE HOURS PER WEEK = 8 x # CREDIT HOURS

IF THE NUMBER OF REGISTRAR SCHEDULED CONTACT HOURS PER WEEK EXCEEDS THE NUMBER OF CREDIT HOURS OR IF THERE IS ANOTHER REASON THE GUIDELINES ABOVE DO NOT APPLY TO THIS ADJUNCT APPOINTMENT, PLEASE PROVIDE A BRIEF STATEMENT THAT DESCRIBES YOUR RATIONALE FOR DETERMINING FACULTY EFFORT HOURS PER WEEK.

4. Exempt staff member to be retained in adjunct teaching capacity and proposed compensation:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Amount: \_\_\_\_\_

5. Signature of Requestor: \_\_\_\_\_ Date \_\_\_\_\_

**FORWARD TO: Supervisor of the exempt staff member whose services you wish to retain.**

Items 6 through 10 are to be completed by the Supervisor and Department Head of the exempt staff member.

6. Please provide a brief description of the duties and responsibilities which comprise the staff member's current position:  
\_\_\_\_\_  
\_\_\_\_\_



If this request is approved, please describe how the performance of the staff member's regular duties and responsibilities will be accommodated with the assumption of these additional teaching duties. Please answer questions 7 and 8 below to explain exactly how the teaching effort hours reported in item 3 will be scheduled and how the staff member's regularly scheduled hours will be adjusted.

7. If this request is approved, how many of the teaching effort hours per week reported in item 3 will occur outside of the staff member's regularly scheduled staff hours? \_\_\_\_\_ hours
8. If this request is approved, how many of these teaching effort hours per week will occur during regularly scheduled staff hours? \_\_\_\_\_ hours

Please explain how these regularly scheduled staff hours during the period that the teaching services are provided will be accommodated.

Will staff FTE be reduced?  Yes  No

Will vacation time will be used?  Yes  No If yes, how much? \_\_\_\_\_

Will the staff member's regular schedule be adjusted?  Yes  No If yes, please describe the regularly scheduled staff hours and exactly how the staff hours will be changed during the time of the teaching appointment.

\_\_\_\_\_

\_\_\_\_\_

9. If this request is approved, will the identified staff member have your permission to accept this offer to serve as an adjunct teacher in the requesting department?

Yes  No

10. Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Department Head

**FORWARD TO: Provost's Office, Alumni Memorial Building**

*Items 11 through 13 are to be completed by Deputy Provost for Faculty Affairs. The Provost's Office forwards approved requests to the Dean's Office.*

11. Have all the policy provisions been met?  Yes  No

12. Request is:  Approved  Denied

If denied, provide reasons for denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Completed by: \_\_\_\_\_ Date \_\_\_\_\_  
Name/Title