

HUMAN RESOURCES DEPARTMENT

Classified Employee - Request for Dual Assignment (Adjunct Faculty Assignment)

Employee Name: _____

Semester: Fall _____ Spring _____ Winter _____ Summer _____

Employee ID Number: _____

Department (Classified Assignment): _____

Department (Adjunct Assignment): _____

To be completed by department requesting adjunct assignment:

PROPOSED ADJUNCT FACULTY ASSIGNMENT / SCHEDULE

Faculty Assignment Type	Dates of Assignment	Daily Schedule	Total Daily Hours	Total Semester Hours	Account Code	Comments

I hereby authorize payment of the any resulting classified premium rate to be expensed to the following overtime account code: _____

DEPARTMENT HEAD: _____

DEAN: _____

DATE: _____

DATE: _____

To be completed by classified employee's reporting department:

CLASSIFIED ASSIGNMENT / SCHEDULE

Work Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Comments
Start Time								
End Time								
Unpaid Break Time								
Total Paid Daily Hours								

Total Hours per Week:

By my signature below, I have confirmed that the following is true and correct for the classified employee being requested in this adjunct assignment:

The employee's most recent evaluation is Satisfactory.

The employee has passed the initial probationary period and may accept a dual assignment.

The adjunct faculty teaching assignment schedule does not conflict with the employee's established classified work schedule.

The employee's classified work schedule will not be altered in order to accommodate the adjunct faculty assignment.

If, at anytime, the employee's classified work schedule changes, I will immediately submit a *Work Schedule Change Form* to Human Resources.

DEAN / DIRECTOR: _____

DATE: _____