

ADJUNCT NON-CLASSROOM TERMS OF ASSIGNMENT



Chair/Lead Faculty: Mail completed form to your Dean/Director for approval.
 Dean/Director: Mail approved form to Human Resources.

ADJUNCT: FIRST MIDDLE LAST		Department:	
TERM:		BUDGET CODE:	
WORK TO BE PERFORMED: <input type="checkbox"/> Clinical <input type="checkbox"/> Lab <input type="checkbox"/> Librarian <input type="checkbox"/> Other:	HOURS/WEEK*: Web-time Supervisor: Back-up Supervisor: <i>*must be submitted via web time</i>		CAMPUS: <input type="checkbox"/> Main <input type="checkbox"/> Hillsdale <input type="checkbox"/> Lenawee <input type="checkbox"/> Other:
	START DATE: END DATE:		
EXPECTATIONS (Provide details of the outcomes/deliverables/expectations and timeframe for completion):			
HR USE ONLY			
<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Transcripts <input type="checkbox"/> Contract Issued			

I understand my contract is dependent upon the terms of this assignment.

 Adjunct Date

I approve this adjunct's terms of assignment as described above.

 Chair/Lead Faculty Date

 Dean/Director Date

 Human Resources Date