

This form may be completed electronically and forward to the appropriate department chair or dean for signatures.

NURSING ADJUNCT OPEN-LAB AUTHORIZATION FORM

**COMPLETED form may be e-mailed for APPROVAL to the Appropriate Dean.
Approved form will be forwarded by e-mailed to Human Resources.**

TERM:	Pay Rate: <input type="checkbox"/> Clinical <input type="checkbox"/> Academic <input type="checkbox"/> Non-Classroom
NUMBER OF WEEKS	
CAMPUS: MAIN HILS LEN OTHER	
Budget Code Number:	

INSTRUCTOR AUTHORIZATION

- Issue a contract for new adjunct
 Issue a contract for a returning adjunct

Contract will not be issued until all required
documentation has been received.

INSTRUCTOR INFORMATION

Application Resume Transcripts

NAME: FIRST MIDDLE LAST	Supervisor: Back-up Supervisor:
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APPROVAL SIGNATURES

Approval (Department Chair)

Approval Date

Approval (Dean or VP)

Approval Date

Approval (Human Resources)

Approval Date

** Please notify the instructor that hours worked must be submitted via web time entry.