# 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.**

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|---|---|---|
| **ADJUNCT:**<br>FIRST MIDDLE LAST | | **Department:** |
| **TERM OR ACADEMIC YEAR:** | | **BUDGET CODE:** |
| **WORK TO BE PERFORMED:**<br>☐ Clinical ☐ OEOE<br>☐ Lab ☐ LTL<br>☐ Professional Development ☐ Librarian<br>☐ Other: | **UP TO: HOURS PER WEEK***<br>**Web-time Supervisor:**<br>**Back-up Supervisor:**<br>*Hours are not guaranteed, and *must be submitted via web time*<br>**START DATE:**<br>**END DATE:** | **CAMPUS:**<br>☐ Central<br>☐ Hillsdale<br>☐ Lenawee<br>☐ Downtown<br>☐ North<br>☐ Other: |
| **EXPECTATIONS (Provide details of the outcomes/deliverables/expectations and timeframe for completion):** | | |

***I understand the expectations set forth above, and understand that this assignment may be canceled by the college at any time.***

_____ _____

Adjunct Date

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

_____ _____

Chair/Lead Faculty Date

_____ _____

Dean/Director Date

_____ _____

Human Resources Date