

Administrator/ Staff Adjunct Faculty Assignment Approval Form

Employees Name: Semester:

Division: Campus:

Course(s) Title:
 CRN:

Course day, time, and modality:

Is this appointment during the employee's normal work hours (Yes/No)?

		Approve	Deny	Signatures	Date
No, Course is not occurring during Employment Work Hours	Employee				
	Supervisor	☐	☐		
	Department Administrators	☐	☐		
	Vice President for Learning	☐	☐		
	Comments				
Yes, Course is taught during Employment Work Hours	Extenuating circumstances (Describe):				
	Adjusted work schedule				
		Approve	Deny	Signatures	Date
	Employee				
	Division Chair	☐	☐		
	Supervisor	☐	☐		
	Department Administrator	☐	☐		
	Vice President for Learning	☐	☐		
	Human Resource Director	☐	☐		