## CHICAGO STATE UNIVERSITY

Office of Human Resources (OHR) ADM 203 | 773.995.2040 | HR@CSU.edu

## Hiring Authorization for New Part-Time Faculty & Personnel Change for Returning Part-Time and Full-Time Lecturers

Last Name First		First Na	lame		UID:		
					(Leave blank for new hires)		
Highest Degre	ee	Disciplir	Institution				
Type of Employment: Hiring			Status:		For Rehires Only Last Term Worked: (For PTs, enter L		
Full-Time Part-Time New Hire Rehire					Last Term Worked.	(101713,	enter Lecturer)
Provost's Use Only Union Status:						•	
Multi Year Ap	pt <u>/5</u> _	Non-me	ember 🔲	Unit	SURS Retired:	Yes	No
Dates for this Appointment:							
From					Through		
Department Name:					Fund & Org Code:		
Contract Term (i.e. 4.5 months		Position N	umber Class		Class Code		
Provost's Use Only Compensation may change based on change					es in enrollment. Workload Percentage		
Monthly on One Time				Total Co	Total Colomin		
Monthly	or One Time Total Salary:						
For part-time faculty member, complete the following.  Maximum CUEs for part-time faculty: 9 per term & 17 per academic year							
(Workloads over the maximum will not be accepted for part-time appointments.)							
					FOR TEAM TAUGHT COURSES ENROLLMENT		
COUR	SE, SECTION, CR	N	CREDIT HOURS CUES		(List Instructor Names &CUE breakdown)		
			TOTAL				
			TOTAL				
Only complete the section below if changes are required for an assignment initially submitted.  Use a copy of the initial form and make any change below. Add notes if needed.							
CIPCLE ONE EOD							
COURSE & SECTION/CRN			ACH LINE		NOTES		ENROLLMENT
		Add	Drop Edit				
		Add	Drop Edit				
		Add	Drop Edit				
		Add	Drop Edit				
APPROVALS:							
Coordinator/Director/Chairperson							Date:
Dean							Date:
Provost/Academic Vice-President							Date:
Human Resources							Date:
Budget or Sponsored Program							Date:

<sup>\*</sup>Do not use this form for clinical instructors, department chairs, program directors or deans.