

Last Name		First Name		UID: (Leave blank for new hires)	
Highest Degree		Discipline		Institution	
Type of Employment: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Hiring Status: New Hire <input type="checkbox"/> Rehire <input type="checkbox"/>		For Rehires Only Last Term Worked:	
				Rank (For PTs, enter Lecturer)	
Provost's Use Only Multi Year Appt. ____/5		Union Status: Non-member <input type="checkbox"/> Unit <input type="checkbox"/>		SURS Retired: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates for this Appointment:					
From			Through		
Department Name:				Fund & Org Code:	
Contract Term (i.e. 4.5 months) _____		Position Number		Class Code	
Provost's Use Only		Compensation may change based on changes in enrollment.			Workload Percentage
Monthly or One Time		Total Salary:			

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.)

(Courses over the maximum will not be accepted for part-time appointments)				
COURSE, SECTION, CRN	CREDIT HOURS	CUES	FOR TEAM TAUGHT COURSES (List Instructor Names & CUE breakdown)	ENROLLMENT
	<b>TOTAL</b>			

Use a copy of the initial form and make any change below. Add notes if needed.

COURSE & SECTION/CRN	CIRCLE ONE FOR EACH LINE	NOTES	ENROLLMENT
	Add Drop Edit		
	Add Drop Edit		
	Add Drop Edit		
	Add Drop Edit		

Coordinator/Director/Chairperson	Date:
Dean	Date:
Provost/Academic Vice-President	Date:
Human Resources	Date:
Budget or Sponsored Program	Date:

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