

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

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 Monthly _____		Compensation may change based on changes in enrollment. or One Time _____ Total Salary: _____			Workload Percentage

**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.)

COURSE, SECTION, CRN	CREDIT HOURS	CUES	FOR TEAM TAUGHT COURSES (List Instructor Names &CUE breakdown)	ENROLLMENT
<b>TOTAL</b>				

**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.**

COURSE & SECTION/CRN	CIRCLE ONE FOR EACH 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:
Budget or Sponsored Program	Date:

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