

APPENDIX J

REQUEST FOR APPROVAL & PAYMENT FOR ADJUNCT ANCILLARY ACTIVITIES

*Submit application form and attachments to the college president.
Send copies to the project lead and AFT chapter president.*

Upon approval or denial, the college president or designee shall send copies of this form to all parties, including the adjunct faculty member, within five (5) working days. The receipt of an approved project assignment is required before work may begin.

I. Initiator _____ Date of request _____

Phone _____ E-mail _____

Division/Department _____ Project Lead _____

Phone _____ E-mail _____

Project Description (attach statement)

1. Describe the project/task and why it is important to the college.
2. State the rationale for hiring an adjunct instructor to perform these ancillary duties. For department projects, include the FT/PT ratio.
3. State the necessary knowledge, skills and abilities of a successful adjunct applicant for this assignment.
4. State the hours needed to complete the project and the anticipated completion date.

Approved
Make assignment and begin work.

Approved
Make assignment and begin work.

Denied
Rationale for denial:

Denied
Rationale for denial:

College President Date

AFT Chapter President Date

II. Summary of work completed (attach work products):

Ancillary Assignment Completion Sign Off:

Project Lead Date

College President Date

AFT Chapter President Date