



FULL-TIME FACULTY ADDITIONAL PAY AUTHORIZATION FORM
Non-Instructional Faculty Assignments
(Do not use this form for Part-Time Faculty)

ACADEMIC YEAR _____

Last Name: _____ **First Name:** _____

CWID No: _____

Job Title*: _____

* Describe duties being performed on an additional page for each assignment

Index Code _____ or Fund _____ Org _____ Acct 2350 Program _____

Start Date:
End Date:
Hourly Rate: \$
Total Hours:
Est. Total Amount: \$

SIGNATURE APPROVALS

_____ Originator's Name (Please Print)	_____ Ext./ Date
_____ Division Dean/Director/Supervisor	_____ Date
_____ V.P. of Instruction	_____ Date

Position No.	<u>HR Use Only</u>
Position Title	
_____ Director, Human Resources	_____ Date

Note: Please collect all required signatures and return the form to Keisha Sentosa at the District Personnel Services office. The form will be forward to the Director of Human Resources for final approval. If you have any questions, please contact Keisha Sentosa at sentosakeisha@fhda.edu or at extension 6221.