



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 the TEA (temporary employee) desk at the District Personnel Services office. The form will be forward to the Associate Vice Chancellor of Human Resources for final approval. If you have any questions, please contact the TEA (temporary employee) desk. The HR staff contact information can be found here.