

CWID: _____ Document Date: _____
 Name: _____ Department: _____
 Position Number: _____

Course Title: _____ Section: _____ CRN: _____ Credits: _____ Students: _____

Contract Amount: _____ *Alternate Index:* _____
(Only use when charge is different from Dept. Index code)

Start Date: _____ End Date: _____
 # of Payments: _____ Per Pay Amt: _____

Comments: _____

- This assignment and your instructional duties shall be subject to and governed by all University policies and procedures which are or may hereinafter be in effect. The University reserves the right to cancel any course at any time due to insufficient enrollment, budgetary constraints or for other appropriate reasons as may be determined by the University in its absolute and sole discretion.
- Any extensions of this assignment or any special understandings, conditions or changes in assignment shall be stated in writing and signed by the Instructor, Dean, and Provost. No verbal modifications or extensions of the terms of this notice or assignment shall be binding on the University. This assignment is without tenure and no services rendered pursuant to this assignment shall qualify as or constitute the basis for granting tenure.
- **Upon signing this contract, you are required to make arrangements with the Human Resources Office (ext. 9177) to comply with Immigration Reform & Control Act of 1986 and to complete Federal documents that are required prior to commencing your employment. Your failure to do so will affect the date of your employment.**
- **For those Professors teaching in the Law School: It is hereby agreed and understood that the grades for your examinations will be submitted within the time limits specified by the Faculty resolution. Under this resolution, you are permitted one week for each 35 examinations (or part thereof.)**
- **This document is your salary authorization. Failure to return it in a timely fashion will delay your payment. Please sign and return this document within ten (10) days of receipt to the Chairperson within the respective college or school.**

Signatures:

Date

Adjunct Professor: _____
 Department Chair: _____
 Dean: _____
 Provost: _____
 Grants Office: _____

Form must be received in the Payroll Office by 15th of the month of first scheduled payment

Payroll Use Only:
 Processed By: _____
 Retro Payments: _____