



AUSTIN PEAY STATE UNIVERSITY

ADJUNCT PAY AUTHORIZATION

BANNER OR SSN _____ NAME _____ TERM _____ YEAR _____

COURSE INFORMATION							POSITION NUMBER		
DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP

DATE OF LAST I-9 FORM: _____ TIMEKEEPING LOCATION: _____

APPROVALS:

Chair Date Dean Date

***NOTE: If this authorization is for a NEW adjunct faculty member, the following forms must be submitted to Human Resources with this authorization in order for the employee to be paid: I-9 Form, copy of social security card (for payroll purposes), W-4 Form, Employee Information Form, and Direct Deposit Form.**

____ New Adjunct

	I-9 Form
	W-4 Form
	Employee Information Form
	Direct Deposit Form

Copy of Social Security Card

**TENNESSEE BOARD OF REGENTS
OF
THE STATE UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF TENNESSEE**

AUSTIN PEAY STATE UNIVERSITY

NOTICE OF EMPLOYMENT OF ADJUNCT FACULTY

This is to confirm your appointment as an adjunct faculty member in the Department/Area of _____ to teach the course(s) as indicated on this form at a salary of \$ _____ per credit hour, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents, and the requirements and policies of this institution.
2. The above-stated salary is contingent upon your successful completion of service for the full term of this agreement. The salary will accrue and be payable as follows:

Compensation for services as an adjunct faculty member is dependent upon completion of appropriate input forms with salary and personal data and processing by the Human Resources Office. Presentation of an original social security card is required. Checks will be distributed within 30 days after the instructional period ends; however, when processing timetables allow, checks will be issued according to a schedule published by Human Resources, usually with an initial check at the end of the first full month of the instructional period.

In the event of failure to complete the specific terms of the appointment, salary will be prorated in accordance with the policies of the institution.

3. This appointment and the above stated salary are in consideration of your faithful performance to the best of your ability of the duties and responsibilities assigned to you as an adjunct faculty member of this institution.
4. As an adjunct faculty member, you are not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay, or longevity credit). Notwithstanding, social security will be deducted from your paycheck unless you are a member of a retirement system or are a rehired annuitant as specified in 26 CFR Part 31.
5. Finalization of the pending assignment, including compensation, will be subject to the course(s) sufficient enrollment and/or other administrative considerations. Should the class(es) not have a sufficient number of students to register, this contract automatically becomes void. The institution also reserves the right to terminate this agreement and transfer the class(es) to a full-time faculty member.
6. This appointment does not include any assurance, obligation, or guarantee of subsequent employment.
7. Classes will begin _____ and end _____, including examinations. In the event you cannot meet the class(es) at any scheduled time, you must immediately contact your department head. Any absenteeism will be reflected in your pay.
8. The class roll(s) will serve as the official record of attendance and catalog description(s) as the official record of contract hours taught. Paychecks will not be issued until all personnel requirements have been met. The final paycheck will not be issued until all contractual obligations have been met.
9. This agreement may be terminated without advance notice.
10. You are required to notify the Provost should you become employed at another state agency/institution.
11. By acceptance of this appointment, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. I also agree to notify the Human Resources Office of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction.
12. The following special conditions shall govern this appointment:
13. I agree to abide by the policies of the Tennessee Board of Regents and of this Institution regarding Intellectual Property, and hereby acknowledge my responsibilities under those policies to disclose and possibly assign (as required under policy) Intellectual Property developed by me, either solely or jointly with others, during the term of my employment, and to otherwise assist the Institution as required by policy in protecting rights it may have in that Intellectual Property. It is a Class A misdemeanor to misrepresent academic credentials.

Please initial appropriate choices:

I accept the appointment as described above. I understand that this appointment is not approved until all signatures have been obtained. I am ___/am not ___ employed as a regular part-time or regular full-time employee (and receiving benefits) at another state agency or institution. (County school systems are not state employers.) In order to process a payroll check, federal regulations require disclosures of your retirement system(s). If none, please write in "none." Retirement system: _____ (Are you currently drawing benefits from this retirement system? Yes ___ No ___.

I am teaching on main campus in another department and/or at the APSU Center @ Fort Campbell during the time period specified in Item 7 above: Yes ___ No _____. If yes, I am teaching in the department of _____ during (circle all that apply): Main Campus Fall, MC Spring, MC May, MC Summer, FC Fall I, FC Fall II, FC Spring I, FC Spring II. I am aware that, per APSU Policy 5:105, adjunct instructors may not exceed 11 teaching load credits per semester and 22 credits per academic year if teaching solely at main campus; 6 credits per term and 24 credits per fiscal year if teaching solely at APC@FC; 12 credits total per semester when teaching overlapping terms at both main campus and APC@FC; and 24 credits per fiscal year if teaching at both main campus and APC@FC. _____(initial)

**You must signify your acceptance of this appointment under the terms and conditions set forth by signing this Notice.
THIS INFORMATION MUST BE COMPLETED BY THE EMPLOYEE BEFORE PAYROLL CHECKS WILL BE PROCESSED.**

Appointee's Signature _____ Date _____

Provost Signature _____ Date _____