

Adjunct and Overload Pay Forms, & Dual Services

Adjunct Pay Form

Use this form if:

- APSU retirees teach a course
- APSU Post-Retirement participants teach a course (contract side not required)
- State employees teach a course (Dual Services contract required)
- Regular Adjunct Faculty not otherwise employed by APSU or another state agency

New Adjuncts

If never been employed by APSU:

- I-9 form
- W-4 form
- Direct Deposit form
- Employee Information form
- Copy of Social Security Card (for payroll purposes)
- Copy of Adjunct Pay Authorization with only Name, SSN and FOAP – and employee's signature
- Personnel folder to Academic Affairs

Continuing Adjuncts

If using a returning Adjunct:

- Enter current Form I-9 date
- If the adjunct has a change of address, must complete an Address Change form
- If the adjunct has changed banks, must complete a new Direct Deposit form

Completing the Form

- Banner ID or SSN – new use SSN, continuing use Banner ID
- Name – as it appears on the SS Card
- Position Number & FOAP
- Start Date – first day of term
- End Date – last day of term, including finals
- Date of last Form I-9
- Time Keeping Location
- New Adjunct – for Academic Affairs
- State Employment & Retirement Questions



**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 with supporting documents, copy of social security card (if not used as I-9 documentation), W-4, Employee Information Form and Direct Deposit Form.

_____ New Adjunct

| | |
|--|----------------------------|
| | I-9 w/Supporting Documents |
| | W-4 Form |
| | Employee Information Form |
| | Direct Deposit Form |

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:

- 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.
- 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.
- 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.
- 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.
- 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.
- This appointment does not include any assurance, obligation, or guarantee of subsequent employment.
- 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.
- 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.
- This agreement may be terminated without advance notice.
- You are required to notify the Provost should you become employed at another state agency/institution.
- 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.
- 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. _____ 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 _____ signatures have been obtained. I am _____ 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, _____ regulations require disclosures of your retirement system(s). If none, please write in "none." Retirement system: _____

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 _____

Overload Pay Form

Use this form if:

- APSU administrators teaching a course for pay
- APSU classified or professional employees teaching a course for pay
- Overload pay
- Summer teaching pay

Completing the Form - Faculty

- Banner ID – never use SSN
- Name – as it appears on the SS Card
- Start date – first day of term
- End date – last day of term, including finals
- FOAP (position number is always 282500)
- Compliance with TBR policy

Completing the Form – Administrative, Professional, Clerical, Support Staff

- Banner ID – never use SSN
- Name – as it appears on the SS Card
- Start date – first day of term
- End date – last day of term, including finals
- FOAP (position number is always 282500)
- Compliance with TBR policy



AUSTIN PEAY STATE UNIVERSITY
REQUEST FOR EXTRA COMPENSATION
FOR
PERMANENT APSU EMPLOYEES

Banner ID Number _____

Name _____

FACULTY

COURSE INFORMATION POSITION NUMBER - 282500

Term _____ Yr _____

| DEPT | COURSE NUMBER | SECTION | CREDIT HOURS | START DATE | END DATE | PAY HOURS | RATE | TOTAL PAY | FOAP |
|------|---------------|---------|--------------|------------|----------|-----------|------|-----------|------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

OR OTHER WORK PERFORMED (define briefly):

ADMINISTRATIVE/PROFESSIONAL/CLERICAL/SUPPORT EMPLOYEES

COURSE INFORMATION POSITION NUMBER - 282500

Term _____ Yr _____

| DEPT | COURSE NUMBER | SECTION | CREDIT HOURS | START DATE | END DATE | PAY HOURS | RATE | TOTAL PAY | FOAP |
|------|---------------|---------|--------------|------------|----------|-----------|------|-----------|------|
| | | | | | | | | | |
| | | | | | | | | | |

OR

POSITION NUMBER - _____

| START DATE | END DATE | HOURLY RATE* | OR | FLAT RATE | FOAP |
|------------|----------|--------------|----|-----------|------|
| | | | | | |

RESPONSIBILITIES (define briefly):

*Semi-monthly employees must be paid on hourly rate to Federal Wage and Hour Regulations.

This request is in compliance with TBR Policy 5:02:04:00 (APSU 5:028) Summer Session, Intercession, and Extra Compensation: Yes No

Submitted by _____ Date _____
 Dept/Area/Other _____ Chair/Coordinator/Other _____

Recommended for Payment _____ Date _____
 Dean/Director/Other _____

Dual Services

If an individual works for another state agency (receiving benefits)*:

*this means the first question on the contract was checked Yes

- ⦿ New – send an Adjunct Pay form and an I-9 form w/documentation; no other forms are needed
- ⦿ Continuing – nothing to HR
- ⦿ All – Dual Services contract must be completed each time with the Office of Legal Affairs & Strategic Planning

Extra
Compensation &
Temporary Help
Pay Forms

Extra Compensation

- Approval to pay extra compensation must be obtained in advance of the beginning of employment
- Semi-Monthly (clerical/support) employees must be paid an hourly rate
- Monthly (administrative/professional) employees can be paid an hourly rate or a flat rate, depending on the type of work done

Completing the Form

- Banner ID – never use SSN
- Name – as it appears on the SS Card
- Start date – first day of assignment
- End date – last day of assignment
- Hourly or Flat Rate – SM must be paid an hourly rate; MN may be paid either depending on the type of work
- FOAP & position number
- Responsibilities – brief description
- Compliance with TBR policy



AUSTIN PEAY STATE UNIVERSITY

REQUEST FOR EXTRA COMPENSATION FOR PERMANENT APSU EMPLOYEES

Banner ID Number Name

FACULTY

Term _____ Yr _____ COURSE INFORMATION POSITION NUMBER - 282500

| DEPT | COURSE NUMBER | SECTION | CREDIT HOURS | START DATE | END DATE | PAY HOURS | RATE | TOTAL PAY | FOAP |
|------|---------------|---------|--------------|------------|----------|-----------|------|-----------|------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

OR OTHER WORK PERFORMED (define briefly):

ADMINISTRATIVE/PROFESSIONAL/CLERICAL/SUPPORT EMPLOYEES

Term _____ Yr _____ COURSE INFORMATION POSITION NUMBER - 282500

| DEPT | COURSE NUMBER | SECTION | CREDIT HOURS | START DATE | END DATE | PAY HOURS | RATE | TOTAL PAY | FOAP |
|------|---------------|---------|--------------|------------|----------|-----------|------|-----------|------|
| | | | | | | | | | |
| | | | | | | | | | |

OR

POSITION NUMBER -

| START DATE | END DATE | HOURLY RATE* | OR | FLAT RATE | FOAP |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

RESPONSIBILITIES (define briefly):

*Semi-monthly employees must be paid in hourly rate to Federal Wage and Hour Regulations.

This request is in compliance with TBR Policy 5:02:04:00 (APSU 5:028) Summer Session, Intercession, and Extra Compensation: Yes No

Submitted by _____ Date _____
Dept/Area/Other Chair/Coordinator/Other

Recommended for Payment _____ Date _____
Dean/Director/Other

Temporary Help Pay Forms

- ⦿ If working more than 20 hours per week for a period of more than 2 months – the contract must be completed
- ⦿ Employee cannot work more than 12 consecutive months
- ⦿ Employee must have a 14-day calendar break
- ⦿ Student cannot be hired
- ⦿ Form must be done prior to employee beginning to work
- ⦿ Department will receive e-mail when the form is complete and accurate
- ⦿ If hourly - remember to report actual hours worked on a time sheet

Completing the Form


- Name – as it appears on the SS card
- Banner ID or SSN – new use SSN, continuing use Banner ID
- Hourly or Flat Rate – SM must be paid an hourly rate; MN may be paid either depending on the type of work
- Responsibilities – brief description
- FOAP & Position number – money must be budgeted
- Number of hours scheduled to work


**AUSTIN PEAY STATE UNIVERSITY
TEMPORARY HELP PAY REQUEST FORM**

TO: HUMAN RESOURCES

FROM: DEPARTMENT:

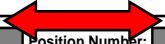
DATE:


Name 
(leave blank if individual is unknown and the position will be advertised.)


SSN # or Banner ID # 
for temporary work to begin and end

Recommended rate of pay: Hourly Flat Rate per pay period

Responsibilities:

FOAP to be charged: Position Number: 

Full Time Part Time: Number of work hours scheduled per week:  (Page 2.)

Time Keeping Location : T 



In order for the employee to be paid, the hours actually worked must be reported on the Temporary/Extra Compensation Time Sheet for the correct pay period and submitted with regular Time Sheets.

THIS APPOINTMENT IS NOT APPROVED UNTIL ALL APPROPRIATE SIGNATURES HAVE BEEN OBTAINED:

Originator/Department Date Dean, Director, or Manager Date

The following forms must be attached or on file in Human Resources:

I-9 w/proper identification _____ Social Security Card (copy of original) _____
W-4 _____ Direct Deposit Form _____
Employee Information Form _____

.....
*This form must be completed and received by Human Resources before the employee may work.
The department will be notified by e-mail when the employee may begin work.
This form should be printed on pink paper.*

(rev 02/2009)

Complete the following contract **only** if the temporary employee will work more than twenty hours per week for a period of two to twelve months (see policy 5.022).

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

**NOTICE OF TEMPORARY EMPLOYMENT AND AGREEMENT FOR
NONFACULTY ADMINISTRATIVE/PROFESSIONAL AND CLERICAL/SUPPORT STAFF**

This is to confirm your temporary appointment to a position approved by the Tennessee Board of Regents as a temporary employee as outlined on the preceding page, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This appointment 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 will be payable as follows: semi-monthly monthly. 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 a temporary employee at this institution.
4. As a temporary employee, 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 on 26 CFR Part 31.
5. This appointment does not include an assurance, obligation, or guarantee of subsequent employment.
6. This agreement may be terminated without prior notice.
7. By acceptance of this appointment, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published university statements and policy. I also agree to notify the Office of Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
8. You are required to notify the Director of Human Resources should you become employed at another state agency/institution.
9. The following special conditions shall govern this appointment.
10. 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.

You must signify your acceptance of this appointment under the terms and conditions set forth by signing this notice.

Date _____
Vice-President 

THIS INFORMATION MUST BE COMPLETED BY THE EMPLOYEE BEFORE PAYROLL CHECKS WILL BE PROCESSED.

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 at another state agency or institution.

In order to process a payroll check, federal regulations require disclosures of your retirement system(s). If none, please write in "none."

Retirement system _____

Date _____ Appointee _____

If you accept this appointment, please contact your immediate supervisor to find out when you begin work.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I-9 Form

- ⦿ Required by Law (Homeland Security)
- ⦿ Cannot use an expired form (New Form is due out April 3rd)
- ⦿ Employee must complete (Section 1) no later than the first day of employment
- ⦿ Employee must provide original documents
- ⦿ Employer must complete (Section 2) and must be the one that actually saw the original documents
- ⦿ Retain for 3 years (per date in Section 2)

Completing the Form

- ① Section 1 – Employee must complete
- ① Section 2 – Employer must complete all 4 lines
 - Document Title
 - Issuing Authority
 - Document Number
 - Expiration Date
- ① Remember to complete signature, date, and business name section

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-9, Employment
Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | | |
|---|--|--|----------------|--------------------------------|
| Print Name: Last | | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | | Apt. # | Date of Birth (month/day/year) |
| City | | State | Zip Code | Social Security # |
| I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. | | I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____ | | |
| Employee's Signature | | | | Date (month/day/year) |

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|---|------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| | List A | OR | List B | AND | List C |
|---------------------------|--------|----|--------|-----|--------|
| Document title: | _____ | | _____ | | _____ |
| Issuing authority: | _____ | | _____ | | _____ |
| Document #: | _____ | | _____ | | _____ |
| Expiration Date (if any): | _____ | | _____ | | _____ |
| Document #: | _____ | | _____ | | _____ |
| Expiration Date (if any): | _____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

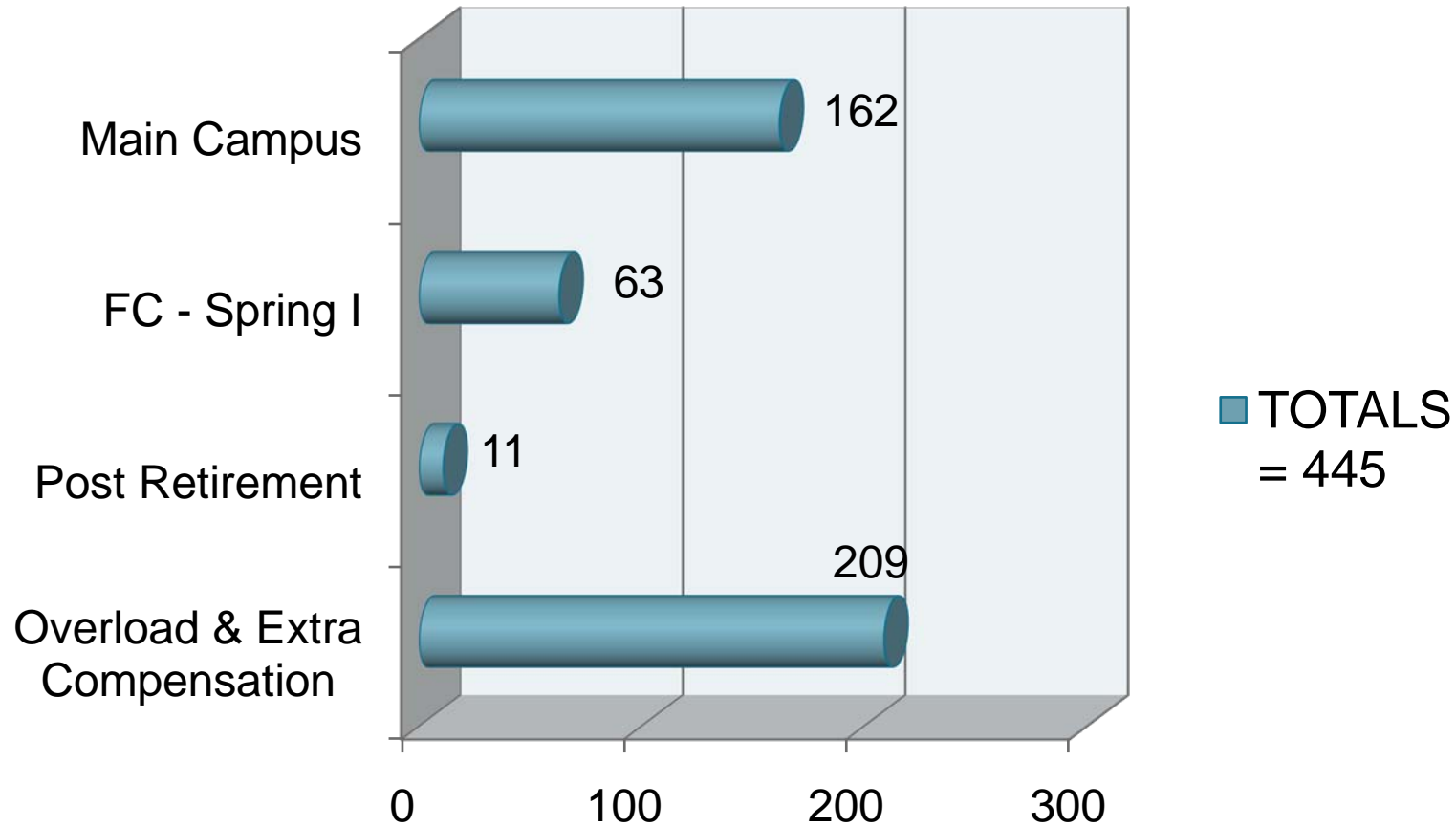
Section 3. Updating and Reverification. To be completed and signed by employer.

| | | |
|--|--|---------------------------|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) | |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. | | |
| Document Title: | Document #: | Expiration Date (if any): |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

Total Forms Processed



Questions?

Thank You!