



AUSTIN PEAY STATE UNIVERSITY

ADJUNCT PAY AUTHORIZATION

A# OR SSN

FIRST NAME

LAST NAME

TERM

YEAR

TIMEKEEPING
LOCATION

POSITION NUMBER

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

The Associate Dean's signature affirms that the credentials of the adjunct identified on this form meets or exceeds the minimum qualifications to instruct the courses that are also identified on this form.

Chair Date

Associate Dean Date

***NOTE: Please mark the following information that applies to the instructor.**

**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 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 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 ____ (initial)).

I am teaching on the Clarksville campus in another department and/or at the APSU Fort Campbell Campus 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): Clarksville Campus: Fall, Spring, May, Summer, FCC Fall I, Fall II, Spring I, Spring II, Summer III. I am aware that, per APSU Policy 2:046, adjunct instructors may not exceed 12 work load credits (WLC) per semester and 24 WLC per academic year. Adjunct instructors my work 6 WLC per summer, as long as their annual total does not exceed 27 WLC. Adjunct instructors teaching overlapping terms at both main campus and APC@FC may not teach more than 12 work load credits total per semester and 24 credits per academic year. _____ (initial). This policy pertains to courses taught in all delivery modes (on site, online, TN eLearn, ITV, etc.) and includes any extra WLC earned from large classes as specified in 2:046.

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 AND THE FOLLOWING DOCUMENTS MUST BE TURNED IN BEFORE PAYROLL

CHECKS WILL BE PROCESSED:
Official transcript (not issued to student)
Curriculum Vitae
Background Check Authorization

Appointee's Signature _____ Date _____

Appointee's APSU E-mail Address _____ (please provide for Affirmative Action)

Dean Signature _____ Date _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER