

EMPLOYEE ACTION NOTICE

Continuing Education Instructors and Continuing Education "Adjunct" Faculty

(Exclude MASD Adjunct Adjunct Faculty)

Effective Date: ___ / ___ / ___ **(First Day of Work)**

NEW DATA

218 - Continuing Education

Check One:

- 0090 - Fall
- 0100 - Summer
- 0130 - Spring
- 0190 - Post-Bac/Graphic Design Payroll will enter 11% FTE for E-Mail Account Set-Up
- 0196 - Post-Bac/Interactive Design & Mktg Payroll will enter 11% FTE for E-Mail Account Set-Up
- 7860 - Summer Youth Program
- 0120 - Pre-College Summer Sessions

DATA DESCRIPTION

*****PERSONAL DATA*****

EMPLOYEE FULL LEGAL NAME

*****DEPARTMENT DATA*****

DEPARTMENT NUMBER AND NAME

SUPERVISOR'S NAME

*****POSITION AND PAYMENT DATA*****

Instructor "Adjunct" Faculty

\$32.38349 \$36.4371 \$45.0000 \$47.8571

\$48.5600 \$52.0000 Other Amt: \$ _____ . _____

\$ _____

- SUMMER SEMESTER: # of Pay Periods: 5
- FALL SEMESTER: # of Pay Periods: 8
- SPRING SEMESTER: # of Pay Periods: 8
- OTHER SEMESTER: # of Pay Periods: ____

POSITION TITLE

HOURLY RATE (Semester Salary/Hours Per Semester)

TOTAL HOURS PER SEMESTER

TOTAL SEMESTER SALARY (Hourly Rate X Hrs Per Semester)

First Check Date: Jun 15, 20___; Last Check Date: Aug 15, 20 ___

First Check Date: Aug 31, 20___; Last Check Date: Dec 15, 20 ___

First Check Date: Jan 31, 20___; Last Check Date: May 15, 20 ___

First Check Date: ___ / __, 20___; Last Check Date: ___ / __, 20 ___

*****ACCOUNT NUMBER TO CHARGE*****

1 - 5215 - _____ - _____

1 - 5210 - _____ - _____

1 - 5320 - _____ - _____

TEMPORARY FACULTY

BENEFITS-ELIGIBLE FACULTY

OTHER PROFESSIONAL SERVICES

COMMENTS :

Department Requestor Signature and Date:

_____ **Date:** ___ / ___ / ___

Department Approval Name (please print):

Human Resources Signature and Date:

_____ **Date:** ___ / ___ / ___