

**HUMAN RESOURCES DEPARTMENT
CONTRACT REQUEST**

Department: _____ Ext. _____

Employee _____
Last First MI

Mailing Address: _____
Street/PO Box City Zip

SS# _____ Campus Phone: _____ Home Phone: _____

Starting Date: _____ Ending Date: _____

FACULTY

New* _____ Visiting _____ Terminal Degree _____ Department Chair _____	<u>Extended University/NETL Use Only</u>
Professor _____ Associate Professor _____ Assistant Professor _____ Instructor _____	Campus _____
CUPA CIP Code: _____ CUPA Description: _____	Online _____
Semester: _____ Compensation: _____ Years Toward Tenure: _____	1 st Delivery _____
Replaces: _____	ITV: _____
	Creation _____
	(New Faculty Only)

NON-CREDIT ADJUNCT*& SUPPLEMENTARY (*Presidential Signature not required for Non Credit Adjunct)

Course Title _____ Stipend _____

STAFF & GRADUATE ASSISTANTS* (*Presidential Signature not required for GA contract requests)

STAFF: Student _____ Temporary _____ Regular _____ Exempt _____ Non Exempt _____

GRADUATE ASSISTANT: Assistantship _____ Scholarship _____ Department: _____

Job Title: _____ Job Code: _____

Full-Time* _____ Part-Time* _____ # Hours/Week

Annual Salary: _____(Exempt) Hourly Rate: _____(Non -Exempt)

Replaces: _____

REQUIRED APPROVALS:

Department Supervisor (Required) _____ Date _____

Vice President (Required) _____ Date _____

Accountant/Grants (Required if Grant Account) _____ Date _____

Human Resources Director/Budget Approval _____ Date _____

Acting, Vice President for Business Affairs (Required) _____ Date _____

President (Required) _____ Date _____

ACCOUNT # _____ Moving Expense \$ _____
(Banner Account Number Required) (New Hire Only if approved by HR and VP)

*Entitled to benefits **No Benefits ***If New Faculty contract, forward copy to Faculty Salary Advisor

Special Conditions: _____