WASHINGTON COLLEGE
EST. 1782

Office of Human Resources
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FACULTY EMPLOYMENT AUTHORIZATION

A. EMPLOYEE INFORMATION

If current WC Employee provide ID number (if known):

Name of Employee: ***Proper name required-please print***

First Name _____ Middle _____ Last Name _____ Suffix _____

Home Address:

Street Address or P.O. Box

City State Zip

B. POSITION INFORMATION

Department: Title:

Status: ☐ Full-Time ☐ Part-Time ☐ Adjunct ☐ Visiting ☐ Overload ☐ Stipend

Start Date: If this position has an end date, is contractual, or grant funded, please provide end date. End Date:

C. COURSE INFORMATION

Course Number: Course Title:

Credits: Days: ☐M ☐ T ☐ W ☐ TH ☐ F ☐ Team Teach (Please list Co-Instructors):

Course Number: Course Title:

Credits: Days: ☐M ☐ T ☐ W ☐ TH ☐ F ☐ Team Teach (Please list Co-Instructors):

Course Number: Course Title:

Credits: Days: ☐M ☐ T ☐ W ☐ TH ☐ F ☐ Team Teach (Please list Co-Instructors):

D. POSITION FUNDING

Stipend Amount: $ _____

Payment Distribution: ☐ One time ☐ Semester ☐ Other:_____

Salary: $ _____

Salary (Adjunct Faculty): $ _____ x _____ = _____
Number of credits taught Base Salary Total Salary

Travel Allowance:
_____ X _____ X _____ X _____ = $_____
Mileage From Home x 2 Number of Teaching Days Weeks Prevailing College Mileage Rate Total Travel Allowance

Funding Source(s):

_____-_____-_____ %_____

_____-_____-_____ %_____

_____-_____-_____ %_____

These funds should be paid in:
☐ Fiscal Year 2013 (07.01.12-06.30.13)
☐ Fiscal Year 2014 (07.01.13-06.30.14)

Former 4-digit department code:

_____ _____ _____ _____

E. AUTHORIZATION SIGNATURES

Department Chair: Date:

Provost and Dean: Date:

Budget Director/ VP Finance: Date:

F. RATIONALE FOR POSITION

OBJECT CODES FOR POSITION FUNDING

61020-10 Faculty Salary (Benefit Eligible)
61020-20 Faculty Salary (Non-Benefit Eligible)
*61020-30 Faculty Stipend
61020-50 Adjunct/Visiting Faculty
*61020-60 FT Faculty Overloads
6102070 MUS and PED Lesson Instruction