

FACULTY EMPLOYMENT AUTHORIZATION

A. EMPLOYEE INFORMATION

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

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

Prefix _____ 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 Adjunct Visiting Tenure Track Non-Tenure Track

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): _____

D. POSITION FUNDING

Overload

Stipend

Payment Distribution: One time Semester

Other: _____

Travel Allowance:

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

Stipend Amount

_____ + _____ = \$ _____
 Stipend Amount Travel Amount Total Stipend Amount

Funding Source(s):

_____ - _____ % _____
 _____ - _____ % _____
 _____ - _____ % _____

These funds should be paid in:
 Fiscal Year 2015 (07.01.14-06.30.15)
 Fiscal Year 2016 (07.01.15-06.30.16)
 Former 4-digit department code: _____

E. AUTHORIZATION SIGNATURES

Department Chair: _____

Date: _____

Provost and Dean: _____

Date: _____

Budget Director/ VP Finance: _____

Date: _____

Office of Human Resources: _____

Date: _____

F. RATIONALE FOR POSITION

OBJECT CODES FOR POSITION FUNDING

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| 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 |