## **Distribution:**

Send original and yellow copy to Human Resources. Retain pink.

## **Human Resources Statement of Appointment**



Print on 3-part N	NCR pape	Part	Part-Time Credit Instructor F0301 Non-Contracted						Community College				
Name (Last) (First)			(Mi)		"L" number		Sub	Submitting Depar		artment / Division		Term / Year	
	re (Attac	h W-4, I-9 & Con	fidentiality) Ta	ible	FP		lations		ll time term	load = FTE			
[ ] Termination Voluntary [ ] Termination Involuntary				·ade	01 (If your department assignments are departments assigned equivalent)  • FTE x full time term pay (PT salary sal					s are not credit t) ary schedule) =	re not credit based then use your schedule) = term pay		
			Ste	ер		To calc	ulate cre	dits if 1		pay period an not your depoits	nount artments full	time per	
			Pay	roll A	ccou	nt Dist	ributi	on					
Position No.	Suff ix	Appt %	FOAP			Beg. Date	End	l Date	Hrs per Pay	Assigned Salary	Timesheet Org	Labor Dist %	
Comment:													
Assignment Course			Course	Course Title				FTE		C	Credit Hour Equiv		
No.													
								Te	erm FTE	Total C	Credit Hour E	quivalent	
			Part-Tii	me Cla	ass C	Cancella	ation P	roces	S				
		Course cancelled 2 calendar weeks or more before start of term (or 1 <sup>st</sup> class meeting):			Course cancelled within the 2 ca weeks before start of term (or 1st meeting):								
Instructor has taught course within past 2 years		<ul><li>Cancel PTSOA if completed</li><li>No compensation</li></ul>			<ul> <li>Cancel PTSOA if completed</li> <li>Prepare PAF for hourly pay (</li> <li>Up to 4 hours prep compensa</li> </ul>				xxx) •	Cancel PTSOA if completed     Prepare PAF for hourly pay (F96xxx)     for all class time met and up to 4 hours prep/syllabus compensation			
Instructor hat taught course within the payears	e	Cancel PTSOA if completed     No compensation			<ul> <li>Cancel PTSOA if completed</li> <li>Prepare PAF for hourly pay (</li> <li>Up to 4 hours prep compensa</li> </ul>			ay (F96	xxx) •	• Prepare PAF for hourly pay (F96xxx		(F96xxx) to 10	
					<b>A</b> p	proval	S						
Submitted by	у		Exte	ension					Date				
Div/Dept Ch	air		D	ate		Н	uman Re	sources			Date		

## **Human Resources Only**

ĺ	Employee Class	Dues 4F1	Dues 4F3	Hourly Rate	Health Clinic/Insurance	DB Enty Date
	F2 F4 F6	8.46 or 10.36 or 13.34 or 17.17	4.28		3E1 Yes No	