

INDIANA STATE UNIVERSITY

Fiscal Employee Approval Form

University policy does not permit fiscal employees to receive reimbursement for University sponsored activities from any University managed funds. Any exception to the policy requires the approval of the Vice-President.

Employee Name _____ University ID _____
Department of Primary Activity _____ Position _____
Originating Unit _____ Date _____
Amount of Stipend, One Time Only or Hourly Rate: \$ _____ Pay Index _____

Employee's Normal Work Schedule

Monday - Friday 8:00 AM - 4:30 PM

Other (list scheduled work days & hours) _____

Note: This assignment must not conflict with the above schedule.

The employee must use either leave time or adjust their regular work hours (with supervisor approval).

Employee's Arranged Work Schedule

I will use leave time (vacation)

No schedule change necessary

Supervisor Approved Adjusted Schedule (must specify new schedule): _____

Semester & Year _____

Course to be taught:

Course ID	Course Title	Days of Class	Time of Class	Course Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Or other activity:

Activity	Dates of Activity	Time Period (e.g.: Tues & Thur 5-7 PM)	Location of Activity
_____	_____	_____	_____

Rationale for using the fiscal employee:

ACKNOWLEDGMENT

I acknowledge that the above statements are true to the best of my knowledge. If there are any changes in the above situation during the specified time periods, I will notify the parties signed below and Human Resources.

Employee Signature: _____ Date: _____

Recommended by: (Signatures & Date)

Initiator of request (hiring supervisor) _____

Supervisor of fiscal employee: _____

Dean or Administrator of fiscal employee: _____

Approved by: (Signature & Date)

Vice President of fiscal employee: _____

Please return the completed form to the initiator of request. The completed fiscal form will be attached to the pay authorization and routed.