



INDIANA STATE UNIVERSITY

Supersedes Part-Time No Benefits Faculty Appointment Authorization (Adding/Canceling a Course)

ISU ID/SSN _____

LAST NAME _____ FIRST NAME _____ MI _____

Title: Part-Time Lecturer (9 or fewer credit hours) Emeriti

Effective Date:

Fall Semester 20 ____

Spring Semester 20 ____

Start Date _____

Previous Class/Assignment Schedule:

Course Title/Other Assignment	Credit Hours	Credit Hour Rate	Semester Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semester Totals:	_____	_____	_____

New Class/Assignment Schedule:

Course Title/Other Assignment	Credit Hours	Credit Hour Rate	Semester Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semester Totals:	_____	_____	_____

I have verified that the Class Schedule and Semester Totals are correct.

Department Chairperson
Signature X _____

Date _____

All employees & staff of ISU are bound by all NCAA, Missouri Valley Conference & institutional rules & regulations pertaining to intercollegiate athletics & must conduct themselves in accordance therewith. For more complete information on the duties and obligations of ISU employees & staff in this regard, employees and staff should contact the Compliance Office in the ISU Athletic Department.

This offer is conditional upon your having a citizenship, residency, or non-immigrant status appropriate for employment in the United States. The Form I-9 of the U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services requires documentation of your identity and employment eligibility. Form I-9 must be returned to the Office of Human Resources, 300 Rankin Hall, on or before the first day of employment. You will not be allowed to start work until this process is complete. Originals of unexpired documents evidencing immigration status must be submitted within 72 hours of this date. For a list of acceptable documents, please use the following link http://www.indstate.edu/humres/docs/i-9_exp3-31-2016.pdf or visit the Human Resources website and select the Forms/Policies tab. For information concerning E-Verify please go to <http://www.indstate.edu/humres/employment/e-verify.htm>. A Criminal Background Check will also be completed prior to hire. See the University Handbook for the policy at <https://www.indstate.edu/handbook>, section 305.1.8 Faculty Criminal Background Policy.

I agree that I will teach the courses listed above & accept the conditions of employment as defined in the University Handbook, <https://www.indstate.edu/handbook>. The appointment is contingent upon student enrollments in the courses to be taught or activities to be directed, & may be canceled if enrollments are not sufficient to warrant the expenditure of resources. I understand that this appointment is not effective until approved by the Dean & Office of the Provost.

I certify that the above information is

correct. Employee Signature X _____ Date _____

APPROVALS

Dean Signature X _____ Date _____

Provost/Academic Affairs Signature X _____ Date _____

Comments: _____

Compensation & Records Dir Signature X _____ Date _____

HR Office USE ONLY E-Class: F3 Position # _____

Pay Grade: 100