

Exempt Employee Applying as an Adjunct Instructor as a Secondary Job Policy

Are you a Non-Exempt employee? If yes, please contact HR at extension 2162.

An exempt staff employee whose primary position does not include or provide for class room instruction may teach as an adjunct instructor by completing this form and attaching it to the Employee Transaction Form. **Preparation, grading or other related work for classes taught must be completed outside the regular working hours of the employee's primary position.** Compensation is established by Academic Affairs. If services as an instructor are considered to be part of the employee's duties, included on their job description, no additional compensation will be paid. The employee is expected to account for any lost time in his or her primary position as a result of the adjunct duties being held during an employee's regular work hours and must be made up either by physically working the number of hours (by extending the work day) or by taking vacation. If classes taught are before or after the employee's regular work hours, no other adjustments are needed. **During regular working hours the maximum numbers of courses taught in a semester are two of which only one can be face-to-face.**

Request by Adjunct Supervisor: Approved form must be attached to the Employee Transaction Form.

Employee Full Name: _____

EDUCATION:

Academic Year:

SEMESTER:

____ Bachelor ____ Master's ____ Doctorate/MFA

____ Fall ____ Spring ____ Summer

Course Number

Days Scheduled

Times of Day

Adjunct Supervisor Name (print)

Adjunct Supervisor Signature

Date

Request for Primary Supervisor's Approval: If class is held during employee's regular hours for primary position, indicate how this is to be handled:

____ **Vacation Hours Used:** (*# of hrs/times/days of week. Personal or Sick Time Not Allowed*) _____

____ **Rearranging Hours** (describe) _____

____ **Other** (describe) _____

I have read and agree to the terms of the "Adjunct Instructor as a Secondary Job" policy.

Employee Signature: _____

Date: _____

____ **Approved**

____ **Denied** ____ May interfere with primary job duties and/or performance

____ **Other** _____

Primary Supervisor Name (print)

Primary Supervisor Signature

Date

RETURN FORM TO ADJUNCT SUPERVISOR. APPROVED FORM MUST BE ATTACHED TO EMPLOYEE TRANSACTION FORM.