

ADJUNCT FACULTY PAYROLL REQUEST

Department Information				Date:	
Department:					
Chair:				Phone:	
Contact Person:				Phone:	
Adjunct Faculty Information					
Name:				ID or SSN:	
Address:				Phone:	
<p>NOTE: New or returning Adjunct Faculty Members should report to Human Resources to complete paperwork prior to or on their first day of employment to ensure timely processing of payroll.</p>					
<input type="checkbox"/> New Hire		<input type="checkbox"/> Rehire		<input type="checkbox"/> Continuing	
<input type="checkbox"/> Correction		Effective Date:			
Term of Appointment: Academic Year _____					
<input type="checkbox"/> Fall		<input type="checkbox"/> Spring		<input type="checkbox"/> Summer Session I	
<input type="checkbox"/> Summer Session II		<input type="checkbox"/> Other _____			
Please designate the services you want provided for this faculty member: <input type="checkbox"/> WFU ID <input type="checkbox"/> E-Mail <input type="checkbox"/> WIN Access					
Salary for Term of Appointment:				Months to be Paid:	
Course(s) to be taught:				Credit Hours:	
GL Account(s) to be charged:					
Fund	Org	Acct	Activity	Percent	Amount
Comments:					
_____			_____		
Chair Authorization			Date		
_____			_____		
Dean Authorization			Date		
Dean's Office: Please return this form to Compensation Manager, HR, Reynolda Room 116					
<i>For Human Resources Department Use Only</i>					
Human Resources Authorization					Date
PEAEMPL		NBAJOBS			
ID	Posn	Suff	Job FTE		Assigned Salary
Employee Class F5	Job Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		Hours per Day	1	Factor & Pays /
Home Org	Job Effective Date		Employee Class	F5	Annual Salary
Dept Name	Personnel Date <input type="checkbox"/> Same		Change Reason		Job End Date
Check Dist Org	Status <input checked="" type="checkbox"/> A		Hrs per Pay		Job End Reason
Current Hire *	Job Title Adjunct		Default Earnings		
Original Hire					
Adjusted Svc <input type="checkbox"/> Same *	Supervisor ID	Supervisor Name		Con Len/Paid Over /	
Seniority <input type="checkbox"/> Same *	FOAPAL				
First Work Day <input type="checkbox"/> Same *	Fund	Org	Acct	Activity	Loc
I-9 <input type="checkbox"/> Received <input type="checkbox"/> On File			50015		
PDABDSU	PPACMNT: RPU JT				
Comments:					
					Entered in Banner
					Date