STETSON UNIVERSITY

ADJUNCT STATUS REQUEST FOR STAFF MEMBER

This form should be used for all Stetson University exempt staff who will be teaching on top of their regular assigned duties. Staff adjuncts should consult with their supervisor regarding plans to compensate for missed working hours, either by using accrued vacation time or by working beyond assigned hours as noted below in Part 2. **The completed form must be submitted to the Office of Academic Affairs prior to contracting.**

Staff Adjunct: _____ **ID#:** _____

PART 1: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT CHAIR OR PROGRAM DIRECTOR

TO: _____ _____
Name of Staff Adjunct's Supervisor *Staff Adjunct's Department*

FROM: _____ _____
Name of Department Chair/Program Director *Department/Program*

I am requesting _____ to teach during the Fall/Spring/Summer semester of 20____.
(Staff Adjunct's Name) *(circle appropriate semester)*

For each course list:

course #/section	course title:		
meeting days/time	total hours per week:	number of weeks:	total number of hours: (total hours/week x number of weeks)
course #/section	course title:		
meeting days/time	total hours per week:	number of weeks:	total number of hours: (total hours/week x number of weeks)
course #/section	course title:		
meeting days/time	total hours per week:	number of weeks:	total number of hours: (total hours/week x number of weeks)

Total number of hours to be compensated for all courses taught: _____

PART 2: TO BE COMPLETED BY THE STAFF ADJUNCT

I will make up hours missed by:

___ Using vacation time:	Total number accrued vacation hours on record: _____ Total number vacation hours to be deducted: _____
___ Working beyond assigned office hours:	Days/hours to be worked: _____

Staff Adjunct's Signature: _____ **Date:** _____

PART 3: TO BE COMPLETED BY THE STAFF ADJUNCT'S SUPERVISOR AND THE DIVISION VICE PRESIDENT

_____ Approved I have determined this staff adjunct assignment will be performed during normal working hours. Therefore, alternative arrangements have been made to either make up the time or charge to vacation leave.

_____ Disapproved

Supervisor's Signature: _____ **Date:** _____

Division VP's Signature: _____ **Date:** _____