

Updated 06/18/2019

ADJUNCT, VISITING AND TERM APPOINTMENT  
CONTRACT REQUEST FORM  
COLLEGE OF ARTS AND SCIENCES

FACULTY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (include area code) \_\_\_\_\_

\_\_\_\_\_

ID #: \_\_\_\_\_

DEPARTMENT/PROGRAM: \_\_\_\_\_

REPLACEMENT FOR: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ SEMESTER/YEAR: Fall 20\_\_ Spring 20\_\_

*COURSE(S) TO BE TAUGHT*

SEM	DEPT	CAT	S E C	TITLE	DAYS/TIMES	CR

**Attach a current CV, or indicate if a CV is already on file in the CAS Dean's Office.**

SIGNATURE:

Chair / Director: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Chairs: please complete the upper portion of this form before sending it to the Associate Dean.**

REQUESTED SALARY: \$ \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE:

Associate Dean: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INFORMATION SHEET  
Faculty Contract Request Form

**DEPARTMENTS WILL COMPLETE THE TOP PORTION OF THE FORM WHICH INCLUDES THE FOLLOWING INFORMATION.**

Faculty Name: Full name as it is to appear on the contract.

Date: Submission date of this form.

Address: Permanent address where contract will be sent.

Phone: Person's current phone number.

ID #: LC ID number (if available).

Department/Program: Academic department requesting contract. This is generally the department or program in which the faculty member will be teaching.

Replacement For: Provide the name of the faculty member being replaced; leave blank if not a replacement.

Special Conditions: Special conditions are provisions agreed upon during contract negotiations.

Semester: Check the box(es) for the semester(s) to which this contract refers, and also fill in the appropriate year(s).

Course(s) to be taught: Please fill out the chart completely, including all information requested.

Example:

DEPT	CAT	SEC	TITLE	DAYS/TIMES	SEM	CR
HIST	110	01	Early East Asian History	TTh 1:50PM-3:20PM	FA	4
HIST	400	02	Read Colloq: Latin America	MWF 11:30A-12:30P	SP	4

Vita: Please be sure to attach a current curriculum vitae to the Contract Request Form or indicate if one is already on file in the CAS Dean's Office.

Chair's Signature: Required to process contract.

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**ASSOCIATE DEAN WILL COMPLETE THE LOWER PORTION OF THE FORM WHICH INCLUDES THE FOLLOWING INFORMATION.**

Title: Appropriate title for FTE and degree

Requested Salary: Amount of pay requested.

Associate Dean's Signature: Required to process contract.