

REQUEST FOR **PART-TIME** FACULTY CONTRACT

Faculty Information:
(please print clearly)

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone: _____
Academic Rank: _____
Military Rank (VSM): _____
Period of Appointment: _____
Program Chair/Director: _____
Name of Program: _____

Degrees Earned: _____

Curriculum Vitae:
(Must be on file by first day of employment)

Attached: ___ On File: ___
Official Transcript: Attached ___
Requested: ___ On File: ___

TITLE: _____

SALARY: _____

FTE: _____

SEMESTER/SESSION INFORMATION:

Summer: ___ Fall: ___ Spring: ___ Weekend: ___ Independent: ___

*** All courses are subject to sufficient enrollment**

DIVISION/DEPARTMENT INFORMATION:

Division: _____ Department: _____

Budget #s : _____

Work Location: Campus ___ NC ___ Off Campus – State: _____

Is this contract necessary to:

___ replace someone on leave (name of faculty on leave) _____

___ fill a vacant position (who had the position) _____

___ relieve faculty overload (whose position) _____

___ other: _____

COURSE INFORMATION:

Course #: _____ Description: _____ # Credits/Credit Hours: # Sections: _____

SPECIAL CONDITIONS TO THE CONTRACT: _____

Date of Request: _____ **Requested by:** _____

Approved: _____ **Date:** _____
Provost *Division Head* *revised: February 2002*