# Authorization for HSU to Pay Adjunct Personnel

***(This form with signatures will serve as your contract)***

## To be completed by EMPLOYEE (print legibly). Incomplete contracts will not be processed for payment.

Full Name of Person to be Employed: _____ Male _____ Female _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (H): _____ (W): _____ Extension: _____

Social Security Number: _____ Date of Birth: _____

Highest Educational Level: Bachelors _____ Masters _____ Masters+30 _____ ABD _____ Doctorate/MFA _____

Were you employed by HSU during the last academic year? Yes: _____ *No: _____

***If No, contact Human Resources at (870) 230-5108 or (870) 230-5641.***

***If*** employed by **another state agency *or* public school**, in what retirement system do you participate?

ATRS _____ TIAA-CREF _____ APERS _____ N/A _____ Contributory? Yes _____ No _____

Currently employed by another state agency? Yes_____ No_____

If *Yes*, agency name: _____

Agency mailing address: _____

Agency supervisor: _____

*I acknowledge that this contract is contingent upon sufficient enrollment and/or receipt of funds and is not final until signed by the President of Henderson State University. Failure to complete all paperwork, in its entirety and within the allotted time, will result in a delay of payment.*

Signature of Applicant: _____ Date: _____

## To be completed by DEPARTMENT CHAIR (print legibly)

Proposed teaching or other assignment at HSU: ***(Contingent upon sufficient enrollment/receipt of funds)***

| ***Course #*** | ***Record #*** | ***Course Title Assignment*** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Check assignment location: On Campus: _____ Other (list) _____

Proposed term of employment: From: _____ To: _____
Month/Day/Year Month/Day/Year

Proposed salary / stipend: $ _____ HSU Department Name: _____

**Account #: _____ Budget from: Adjunct: ____ Sabbatical: ____ Other_____**

1. _____
Chair Date

2. _____
School Dean Date

3. _____
Provost / Vice President – Academic Affairs Date

4. _____
President Date

**Revised: 05/14/2009**

## To be completed or provided by the EMPLOYEE (print legibly)

*PERSONAL INFORMATION*

It is important for the ***"employee"*** to complete this portion of the contract in order to ensure all personal information is correct or is updated. In the past when the information has been copied from a previous contract by a representative of the hiring department, there have been errors with social security numbers, as well as mailing addresses. This results in lost payroll checks and incorrect reporting of taxes and social security. If you were not employed by HSU during the past academic year, you will need to complete new paperwork. Because you have a new contract each semester, all Adjunct Personnel are required to complete an "Employee Disclosure/Certification and Employment of Family Members Form" for each semester they are employed. This is a requirement of the State of Arkansas. These forms may be picked up in the Office of Human Resources.

*RETIREMENT INFORMATION*

***If*** employed by another state agency or public school please check the retirement plan in which you participate, along with whether or not you contribute to your retirement. If you are a participant in the Arkansas Teacher Retirement System, you are required to complete an enrollment form even though you are only employed here on a temporary basis. If you do not participate in one of the listed retirement plans, please check "N/A."

*CURRENT EMPLOYMENT WITH THE STATE OF ARKANSAS*

***If*** you are currently employed by another state agency (public schools are not state agencies), please list the agency name, the agency mailing address and telephone number, and your immediate supervisor. This is necessary because we are required to report concurrent employment to the State of Arkansas.

## To be completed by DEPARTMENT CHAIR (print legibly)

This section is to be completed in its entirety by the department Chair or his/her designee. It is to be signed by the Chair and the appropriate Dean. It is then to be forwarded to the Office of Academic Affairs. From there it will be forwarded for any remaining signatures and to Human Resources for processing into the payroll system. ***Incorrect contracts will not be processed and forwarded to Payroll until all information is corrected and/or missing paperwork is received. Contracts not received by the monthly cutoff date will not be processed until the following month.***