



SOUTHERN CONNECTICUT STATE UNIVERSITY

LECTURER APPOINTMENT FORM

Original _____
Revised _____

Please print on green paper

Employee #: _____
Six digit ID number

Record: _____
HR use only

Full Name:

Last First MI

Home Address:

Street

City State Zip Code

Home Phone #: _____

Home Department _____

Campus Phone #: _____

(If you are already a full time SCSU employee)

Email Address: _____

AAUP Rank: ___ Lecturer (PT) ___ Instructor (FT) ___ Assistant Professor (FT) ___ Associate Professor (FT) ___ Professor (FT)

Are you presently on another CSU, State, or SCSU payroll? YES NO
(If yes, attach a dual employment form.)

If previously employed by the State, indicate when & where: _____

Date of Birth _____ Gender: MALE FEMALE

DEPARTMENT *(for which this appointment is made):* _____

Lecturer Category _____ Total CSU Credits to Date _____

(A through F)

Highest Degree Held: _____ Where and When was Degree earned? _____

Session: Fall Winter Spring Spring Bk Summer A 5 Summer A 6 Summer B 5 Summer B 6 Summer B 3

Dates	CRN	Subject Code & Course #	Section Code	Load Hours	Day/Time	Room
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Salary Calculation: \$ _____ Rate per Load Hour _____ Total Load for Session \$ _____ Total Salary for Session

Charging Instructions: INDEX# ACCOUNT#

APPROVALS:

Chairperson / Dept Head _____ Date: _____

Dean / Admin Officer _____ Date: _____

Vice President _____ Date: _____

Sponsored Research (applicable only if grant funded) _____ Date: _____

Chief Human Resources Officer (or designee) _____ Date: _____