SOUTHERN CONNECTICUT STATE UNIVERSITY

LECTURER APPOINTMENT FORM

Original _____

Revised _____

Please print on green paper

Employee #: _____   Record: _____

Six digit ID number   HR use only

Full Name: _____

Last   **First**   **MI**

Home Address: _____

Street

_____

City   **State**   **Zip Code**

Home Phone # : _____   **Home Department** _____

(If you are already a full time SCSU employee)

Campus Phone # : _____

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 _____   _____

(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

	Subject Code & Course #	Section Code _____	Load Hours _____	Day/Time _____	Room _____
Dates ____ **CRN** ____					
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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   _____   Date: _____
(applicable only if grant funded)

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