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 _____
(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? *(If yes, attach a dual employment form.)*   **YES**   **NO**

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

Will this employee be employed for multiple semesters?   No   Yes (Please check all applicable semesters below)
(PT members must have been continuously employed in a department for 6 consecutive semesters.)

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

Lecturer Category _____
(A through F)

Total CSU Credits to date: _____

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

Session:	Fall	Winter	Spring	Spring Break	Summer A	Summer B

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:** _____