Human Resources
Request For Approval For Staff Members To Teach As An Adjunct

This form should be used for all TCNJ staff members who will be teaching out of load and for compensation, during regular working hours. The completed form should be returned to Human resources prior to contracting.

Part 1: To be completed by the Academic Department Chairperson

To: 

Name of Adjunct Supervisor

Adjunct’s Department

From: 

Department Chairperson

Department

I am requesting to teach during the academic year

Adjunct’s Name

Course 1 Number

Course 1 Number

Course Section

Course Section

Course Title

Course Title

Course Days & Times

Course Days & Times

Part 2: To be signed by the staff member’s supervisor & reviewed by the Executive Staff supervisor.

Approved

I have determined this adjunct assignment will be performed during normal working hours. Therefore, alternate arrangements have been made to either make up the time or charge to vacation leave.

Disapproved

Enter Supervisor’s Name:

Supervisor’s Signature: Date:

Executive Supervisor’s Signature: Date:

Adjunct’s Signature: Date:

EMP 001 - (Orig 10-31-08)