



Current Date

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 2 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: