



FULL-TIME FACULTY ADDITIONAL PAY AUTHORIZATION FORM

(Do not use this form for Part-Time Faculty)

ACADEMIC YEAR _____

Last Name: _____ First Name: _____

Division: _____ Dept: _____ CWID No: _____

Job Title*: _____

* Describe duties being performed on an additional page for each assignment

Index Code _____ or Fund _____ Org _____ Acct 1430 Program _____

Please Be Aware Of Begin And End Dates Of Each Quarter. Total Amount Must Be A Rounded Number

Table with columns: Faculty - Instructional, Rounded, For Payroll Use Only. Rows for SUMMER, FALL QTR, WTR QTR, SPR QTR. Includes sections for Faculty - Non-Instructional (Hours Only) and Comments.

SIGNATURE APPROVALS

Signature approval lines for Originator's Name, Division Dean, Director, Budget & Personnel, Faculty Member, Area Vice President, Associate V.P. of Instruction.

*All Additional Pay is presumed No Load unless initialed by the A. V.P. of Instruction. Load Initialed by: _____ AVPI COLA: Yes No

Note: All required signatures submitted must be forwarded to the Director of Budget & Personnel for final approval. Original to be processed and kept on file in Campus Payroll with appropriate copy to District Payroll for processing.