

ADJUNCT PAY FORM

SELECT TYPE: _____

TERM/ SEMESTER: _____

EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____ **EMPLOYEE IS NEW EMPLOYEE?(SELECT):** _____

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

ADDRESS: _____ **APT:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

DAY PHONE: _____ **MOBILE PHONE:** _____ **EMP ID:** _____

EMPLOYEE ESSEX EMAIL ADDRESS: _____

NON-CREDIT COURSE INFORMATION								
COURSE NAME	REGISTRATION CODE	ROOM NUMBER	COURSE MEETS (DAYS)	COURSE START TIME	COURSE END TIME	# OF INSTRUCTIONAL HOURS	INSTRUCTIONAL RATE (\$)	PAYMENT AMOUNT (\$)
TOTAL								

BUDGET ACCOUNT NUMBER: _____

FUNDS REQUIRED FOR ASSIGNMENT: \$ _____

WRITE YES OR NO: IS THE ASSIGNMENT GRANT FUNDED?: _____

IF YES, DATE GRANT EXPIRES: _____

DEPARTMENT/ DIVISION: _____

AREA: _____

EMPLOYEE CURRENTLY EMPLOYED AT ECC? (State yes or no; if yes state where and nature of employment): _____

COMMENTS:

4. APPROVALS		
1. AREA HEAD	SIGNATURE	DATE
2. BUDGET BUDGET	SIGNATURE	DATE
3. COMPTROLLER COMPTROLLER	SIGNATURE	DATE