

# ADJUNCT PAY FORM

**SELECT TYPE:** \_\_\_\_\_

**TERM/ SEMESTER:** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_ **IS EMPLOYEE NEW?(SELECT):** ☐ YES ☐ NO

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **MOBILE PHONE:** \_\_\_\_\_ **EMP ID:** \_\_\_\_\_

**EMPLOYEE ESSEX EMAIL ADDRESS:** \_\_\_\_\_

## COURSE INFORMATION

COURSE NAME	REGISTRATION CODE	ROOM NUMBER	COURSE MEETS (DAYS)	COURSE START TIME	COURSE END TIME	# OF INSTRUCTIONAL HOURS	INSTRUCTIONAL RATE (\$)	PAYMENT AMOUNT (\$)
<b>TOTAL</b>								

**BUDGET ACCOUNT NUMBER:** \_\_\_\_\_

**FUNDS REQUIRED FOR ASSIGNMENT: \$** \_\_\_\_\_

**THE ASSIGNMENT GRANT FUNDED?:** ☐ YES ☐ NO **Grant Name:** \_\_\_\_\_

**IF YES, DATE GRANT EXPIRES:** \_\_\_\_\_

**DEPARTMENT/ DIVISION:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

**CURRENT ECC EMPLOYEE (ONLY) DEPARTMENT/TITLE:** \_\_\_\_\_

**COMMENTS:**

## 4. APPROVALS

1. Supervisor/Department Head (Print Name)	SIGNATURE	DATE
2. Dean/Area Head (Print Name)	SIGNATURE	DATE
3. Budget/Comptroller (Print Name)	SIGNATURE	DATE

**Reminder:**

**Please attach fully executed memorandum if non-credit pay form**

**Please attach banner assignment sheet if credit pay form**

**Please attach any other document deem necessary for processing**

**Must submit fully executed copy of the form to PAYROLL DEPT. for processing**