CABRINI UNIVERSITY ADJUNCT STATUS REQUEST FORM FOR STAFF

All Cabrini University Staff (Staff Adjuncts) who will teach on top of their regular assigned duties must complete this form. Staff Adjuncts should consult with their supervisor regarding plans to compensate for missed working hours, either by using accrued vacation time or by working beyond assigned hours in Part 2 below.

SUBMIT THE COMPLETED FORM TO HR PRIOR TO CONTRACTING

Staff Adjunct Name:		ID#:
PART 1: TO BE COMPLETED	BY THE DEAN	
To: Name of Staff Adjunct's Supe		Adjunct's Department
m:Dean		epartment
I am requesting	to teach during Fall/	Spring/Summer semester of 20
Course #/Section:	Course Days & Times:	Total hours/week:
Course Title:	7	
Course #/Section:	Course Days & Times:	Total hours/week:
Course Title:		
Course #/Section:	Course Days & Times:	Total hours/week:
Course Title:		. 2.2
		Credit Hours to Teach:
	Course being t	aught outside normal working hours
	Course being t	ation hours:
will make up missed hours by	Total number of accrued vacation ho	ation hours:
will make up missed hours by Using vacation time Working beyond assigned	Total number of accrued vacation ho	ation hours:
Working beyond assigned Staff Adjunct's Signature: PART 3: TO BE COMPLETED	Total number of accrued vacation hod office hours Days/hours to be worked: AND SIGNED BY THE STAFF ADJUNCT'S SU	Date:
Will make up missed hours by Using vacation time Working beyond assigned Staff Adjunct's Signature: PART 3: TO BE COMPLETED	Total number of accrued vacation hod office hours Days/hours to be worked:	Date:
Will make up missed hours by Using vacation time Working beyond assigned Staff Adjunct's Signature: PART 3: TO BE COMPLETED	Total number of accrued vacation hold office hours Days/hours to be worked: AND SIGNED BY THE STAFF ADJUNCT'S SUrve of this additional assignment. If alternative	Date:
Working beyond assigned Staff Adjunct's Signature: Approved Approved	Total number of accrued vacation hold office hours Days/hours to be worked: AND SIGNED BY THE STAFF ADJUNCT'S SUrve of this additional assignment. If alternative	Date:
Working beyond assigned Staff Adjunct's Signature: Approved Not Approved	Total number of accrued vacation hold office hours Days/hours to be worked: AND SIGNED BY THE STAFF ADJUNCT'S SUre of this additional assignment. If alternative ethose as well.	Date: IPERVISOR, DEAN, AND PROVOST arrangements need to be made, I