

Adjunct Payment Form



CWID: _____ Date: _____

Name: _____ Department/
 Budget Line No.: _____
 Academic Year/
 Position Number: _____ Semester: _____

<u>Course Title:</u>	<u>Section:</u>	<u>CRN:</u>	<u>Credits:</u>	<u>Students:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Salary Amount: _____ *Alternate Index:* _____
(Only use when charge is different from Dept. Index code)

Start Date: _____ # of Payments: _____ Per Pay Amount: \$ _____

Anticipated End Date: _____

Comments:

- This assignment and your instructional duties shall be subject to and governed by all Seton Hall University policies, procedures and health and safety protocols, which are or may hereinafter be in effect. This includes, but is not limited to, the University's policy that **adjunct faculty are employed on an at-will basis**. As such, should you not complete or satisfy your obligations with respect to the above listed course(s) for the above listed Academic Year or Semester, the salary amount will be pro-rated based on the portion of the semester you actually worked and you will only be due the pro-rated salary amount reflecting time actually worked. For instance, if you resign halfway through the semester, you will be paid 50% of the salary amount. The University reserves the right to cancel any course at any time due to insufficient enrollment, budgetary constraints or for other appropriate reasons as may be determined by the University in its absolute and sole discretion. In such instances, the salary amount will be pro-rated.
- Any extensions of this assignment or any special understandings, conditions or changes in assignment shall be stated in writing and signed by you, your Chair, Dean, and Provost. No verbal modifications or extensions of the terms of this assignment shall be binding on the University. This assignment is without tenure, and no services rendered pursuant to this assignment shall qualify as or constitute the basis for granting tenure.
- **Upon signing this form, you are required to comply with the Immigration Reform & Control Act of 1986 and to make arrangements with Human Resources (973-761-9177) to complete all documents that are required prior to commencing your employment. Your failure to do so will affect your employment.**
- For Adjuncts teaching in the Law School: It is hereby agreed and understood that the grades for your examinations will be submitted within the time limits specified by the faculty Resolution. Under this Resolution, you are permitted one week for each 35 examinations or part thereof.
- This form is your salary authorization. Failure to return it in a timely fashion will delay your payment.

Please sign (see following page) and return this form within ten (10) days of receipt to your Chair.

Signatures:

Date

Adjunct: _____

Department Chair: _____

Dean: _____

Provost: _____

Grants Office (if applicable): _____

Fully authorized form must be received by Human Resources by the 15th of the month of the first scheduled payment