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|  | **Continuing Education Instruction-Secondary Assignment for Faculty** |

**INSTRUCTIONS:** This form is to be used to authorize a Teaching and Research (T&R) faculty member to engage in a secondary assignment for the purposes of providing continuing education instruction at VCU. The hiring department for the secondary assignment initiates this form and the supervisor of the primary job completes the form. Submit completed form to Human Resources. Some of the key restrictions on these secondary appointments include:

This teaching must be outside the scope of the faculty member’s regular responsibilities; must be occasional; for a limited duration (i.e., one or two days or one or two weeks); and compensation must be nominal relative to the faculty member’s contractual salary

For 9-10 month faulty appointments, the total compensation for all secondary assignments jobs during the academic year and summer may not exceed 33.33% of the 9/10-month faculty member’s contractual salary

* + Employees on certain visas must contact VCU’s Global Education Office for additional approvals and procedures

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| **TO BE COMPLETED BY HIRING DEPARTMENT** |
| For instructions on completing this PAF section, see the [PAF Reference Guide.pdf](http://www.hr.vcu.edu/media/hr/documents/guides/PAF_Reference_Guide.pdf) |
| **FACULTY NAME** **(LAST, FIRST, MIDDLE INITIAL)** | **V-ID #** [Contact employee’s PA for V-ID #] | PRIMARY FACULTY APP’T. TYPE  | CURRENT SALARY |
|  |  | Choose an item. | $ |
| **HIRING DEPT./UNIT** | **HIRING SCHOOL** | **HIRING DEPT. PH. #** | **HIRING DEPT.** **HOME ORG #** | **HIRING DEPT.** **TIMESHEET ORG #** |
|       |       |       |      |       |
| **TOTAL COMPENSATION** | **ASSIGNMENT** **BEGIN DATE** | **ASSIGNMENT** **END DATE**  | **PAY PERIOD** **BEGIN DATE** | **PAY PERIOD** **END DATE** |
| $      |       |       |       |  |
| **POSITION CLASS-**  | **POSITION #** | **JOB SUFFIX** | **# PAYS** | **# MONTHS** | **FTE%**\* | **PAY RATE** |
| AJ003- Continuing Ed Instruction | J00003 |       |    |  |       |      $ |
| \*COMPLETE FTE SECTION ABOVE USING ADJUNCT CALCULATOR at <http://app.hr.vcu.edu/adjunct/> |
| **INDEX** | **ACCOUNT** | **PERCENT** | **INDEX** | **ACCOUNT** | **PERCENT** | **INDEX** | **ACCOUNT** | **PERCENT** |
|       |       |      % |       |       |      % |       |       |      % |
| **INDEX** | **ACCOUNT** | **PERCENT** | **INDEX** | **ACCOUNT** | **PERCENT** | **INDEX** | **ACCOUNT** | **PERCENT** |
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| **CONTINUING EDUCATION COURSE INFORMATION** |
| **COURSE TITLE** | **INSTRUCTION DATE(S)** |
|  |  |
| **RECORD OF OTHER COURSE(S) TAUGHT IN SAME ACADEMIC YEAR(INCLUDING SUMMER)****This information is required (add more courses as needed)** |
| **COURSE TITLE** | **INSTRUCTION DATE(S)** |
|  |  |
| **COURSE TITLE** | **INSTRUCTION DATE(S)** |
|  |  |
| **COURSE TITLE** | **INSTRUCTION DATE(S)** |
|  |  |
| **PRINTED NAME of Faculty Member**  | **SIGNATURE of Faculty Member** | **Date** |
|       |  |       |
| **PRINTED NAME of Person Authorized to sign (e.g., HRP, FA, etc.)** | **SIGNATURE of Person Authorized to sign (e.g., HRP, FA, etc.)** | **Date** |
|       |  |       |
| **PRINTED NAME of Hiring Department Head (if faculty member appointed in another department/unit)** | **SIGNATURE of Hiring Department Head (if faculty member appointed in another department/unit)** | **Date** |
|       |  |       |
| **APPROVALS FROM MANAGEMENT OF PRIMARY APPOINTMENT**By signing below, I certify: (1) The work to be performed through this secondary assignment is not part of the faculty member’s primary job responsibilities; (2) if the faculty member is in a 9/10 month position, the compensation to be earned through all secondary assignments does not exceed 33.33% of the primary job’s contractual salary; and, (3) if the faculty member’s position is grant/contract-funded, the sponsor has permitted this secondary assignment. |
| **PRINTED NAME of Supervisor** | **SUPERVISOR VID** | **SIGNATURE of Supervisor** | **Date** |
|       | #      |  |       |
| **PRINTED NAME of Director, Department Head or Chair** | **SIGNATURE of Director, Department Head or Chair** | **Date** |
|       |  |       |
| **PRINTED NAME of Dean** | **SIGNATURE of Dean** | **Date** |
|       |  |       |
| **PRINTED NAME of Vice President (or designee)** | **SIGNATURE of Vice President (or designee)** | **Date** |
|       |  |       |