

Academic Department *(to be completed by hiring department)*

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|--|-----------|---|--------|
| Banner ID (or Soc. Sec. No.) | Last Name | First Name | Middle |
| <input type="checkbox"/> New Employee <i>(has never taught at YSU)</i> <input type="checkbox"/> Re-Hire <i>(has taught within the last 12 months)</i> <input type="checkbox"/> Revision: <input type="checkbox"/> Replaces or Cancels previous contract <input type="checkbox"/> New Job <i>(in addition to previous contract)</i> | | <input type="checkbox"/> Mid-Semester Appointment: <input type="checkbox"/> New Employee <input type="checkbox"/> Re-Hire Mid-semester start date: | |
| Home Department | Fund | Org | Acct |
| Department to be billed <i>(if different from Home Dept.)</i> | Fund | Org | Acct |

ASSIGNMENT

| Course Code <i>(CRN – Course Reference No.)</i> | Catalog Number <i>(Course)</i> | Workload Hours <i>(If over 6 WH, see *Note.)</i> | Title |
|--|-----------------------------------|---|-------|
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* NOTE: If over 6 WH, a memo of justification from department chair or college dean should be attached to this contract.

Comments:

| Semester / Acad. Year | Summer | Total Workload Hours: | Rate Per Hour: | Total Amount to be Paid: |
|---|--|-----------------------|----------------|--------------------------|
| <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ | <input type="checkbox"/> Full 12-weeks <input type="checkbox"/> First 6-weeks <input type="checkbox"/> Middle 6-weeks <input type="checkbox"/> Second 6-weeks | | | |

Salary is payable semi-monthly: 15th* and last day of the month*. (*If Saturday or Sunday – payday will be the Friday before.)

Employee Section: *(to be completed by employee)*

This appointment is contingent upon the approval of the Dean, the availability of funds and upon adequate enrollment. It is subject to the provisions of the Constitution and the Ohio Revised Code, and to the rules and regulation adopted by the Board of Trustees of Youngstown State University. Employee's signature below indicates availability and willingness to teach the class(es) as listed.

Disclosure Statement/Certification Consent: I certify that my academic credentials are from a regionally accredited institution of higher education and that I am in good standing with respect to any professional certifications and/or licensures that I have represented having. I also certify that I have not been convicted of a felony criminal offense, or that – if I have – this information has been disclosed in writing to the Academic Dean for my department. I understand that falsifying any information provided to Youngstown State University is grounds for disciplinary action up to and including termination. Employee's signature below verifies this statement to be true.

If your address / phone has changed, please include new data here:

Check here if you have another contract (other than this one) with YSU.

My Direct Deposit Authorization is on file and banking information is correct.

My banking information has changed. Attached is a new Direct Deposit Authorization form.

Employee Signature

Date

(If applicant is a YSU employee, signature of supervisor required indicating approval.)
Supervisor's Signature _____
Date _____

Chairperson

Date

| | | | | | | | |
|------|------|-----------------------|------|-----------------|------|-----------------|------|
| Dean | Date | Office of the Provost | Date | Academic Budget | Date | Human Resources | Date |
|------|------|-----------------------|------|-----------------|------|-----------------|------|

Entered into Banner

Initials / Date:

Pay Factor:

Per Pay Amount: