



AAUP – Article 10.6.2 Assignment

Purpose: This form is to be used when requesting payments for AAUP members in accordance with Article 10.6.2

Procedure:

1. The Academic Dean completes the Requesting Department section and attaches a job description, which includes the following:
 - a. Position Summary
 - b. Position Responsibilities
 - c. Qualifications
2. Once this section has been completed in full, the form should be submitted to Human Resources. For Summer Curriculum Grants, the Provost & VP for Academic Affairs initiates the request, in lieu of the Academic Dean, and attaches the faculty members proposal, in lieu of a job description.
3. Human Resources will review the form, obtain the necessary approval from the Financial Planning & Budget Office, and then prepare a contract for the employee to sign.
4. The employee returns the signed contract to Human Resources, who will then process employee’s payment in Core-CT.
5. **It is important to note that no individual is authorized to work until the above steps have been completed.**

Requesting Department

Name of AAUP Member: _____ Department: _____

Current Faculty Rank: _____

Temporary Assignment Title: _____ Supervisor: _____

Session: Fall ____ Winter Int. ____ Spring ____ Spring Int. ____ Summer I ____ Summer II ____ Summer III ____

Assignment Starting Date: _____ Assignment Ending Date: _____

Total # of Hours for Assignment: _____ Total # of Load Credits: _____ (# of hours divided by 45)

Load Credit Rate: \$ _____ Total Compensation: \$ _____ (**Load Credit Rate * Load Credits**)

Load Credits Designated as Reassigned Time: _____ (if applicable)

Banner Org # to Charge: _____ Org Description / Title: _____

Approval Signatures

Academic Dean *: _____ Date: _____

Provost & VP for Academic Affairs: _____ Date: _____

** Not applicable for Summer Curriculum Grants.*

Financial Planning & Budget Office

FY: _____ Fund #: _____ Org #: _____ Acct #: _____

Prog #: _____ Position #: _____ Job Code #: _____

Budget/Grant Approval Signature: _____ Date: _____

Human Resources

Approval Signature: _____ Date: _____