



PART-TIME FACULTY PAYROLL REQUEST FORM

Print Form

(to be used for Part-time Faculty or Adjuncts)

Faculty Information

Instructions: A current vita must accompany this form *before* processing can be completed. New/rehired Faculty members must report to Human Resources before their 1st day of employment to complete paperwork in order to ensure timely processing for Payroll.

Submit Date: _____	<input type="checkbox"/> New Hire (has never worked for WFU) <input type="checkbox"/> Rehire (not worked @ WF last 12 mo) <input type="checkbox"/> Continuing (no break in service) <input type="checkbox"/> Correction (revision to previous form) <input type="checkbox"/> Course Reduction <input type="checkbox"/> Secondary Position	Will WFU be the primary place of employment for this Faculty member? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary work state: _____
Select One:		Select Their Highest Terminal Degree: <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> Ph.D
Faculty Last Name: _____		List the Academic Year: _____
Faculty First Name: _____		Select Applicable semester(s): <input type="checkbox"/> Fall (August - December) <input type="checkbox"/> Spring (January - May) <input type="checkbox"/> Summer Session II (July) <input type="checkbox"/> Summer Session I (June) <input type="checkbox"/> Other: _____
Faculty Number: _____		
Faculty Address: _____		
Faculty Email: _____		
Faculty ID/SSN: _____		
Dept Name: _____		List the Course(s) and Number of Credit Hours per Course:
Dept Contact: _____		Fall Course: _____ Crd _____
Dept Cont Ph: _____		Fall Course: _____ Crd _____
Chair Approval: _____		Spring Course: _____ Crd _____
Req'd \$ Amt: _____		Spring Course: _____ Crd _____
		SS I/II Course: _____ Crd _____

Dean's Office Information

Appointment Information	Title Information	Budget Information
Select one: <input type="checkbox"/> PTNB (<1000 hrs) <input type="checkbox"/> PTWB (1000-1095 hrs) <input type="checkbox"/> Adjunct (<1000 hrs)	Title	Budget Approval Date
_____	_____	_____
# Budgeted Hrs	Title Approval	Fund: _____
_____	_____	Org: _____
Appt Approval	Date	Account: _____
_____	_____	Activity: _____
Date	_____	Percent: _____
_____	_____	\$ Amt: _____

Return this form to Human Resources for processing.

WFU ID		Position Number		Employee Class	
Empl Class		Suffix		Change Reason	
Home Org		Job Type (prim/sec)		Hours per Pay	
Dept Name		Job Effective Date		Default Earnings	
Check Distr Org		Personnel Date		Assigned Salary	
Current Hire Date		Status	ACTIVE	Factors & Pay	
Original Hire Date		Job Title		Annual Salary	
Adjusted Svc Date		Supervisor Name		Job End Date	
Seniority Date		Supervisor Id		Job End Reason	
1st Day Worked		Job FTE		Con Len & Pd Over	
I-9 (rev'd or on file)		Hours per Day	1		

Fund	Org	Acct	Activity	Loc	Percent
_____	_____	_____	_____	_____	_____
HR Crd	Date	Auditor	Date	Payroll	Date
_____	_____	_____	_____	_____	_____