

**REQUEST FOR APPROVAL FOR STAFF MEMBER TO TEACH AS AN ADJUNCT.**

This form should be used for all TCNJ staff members who will be teaching out of load and for compensation, during regular working hours. The completed form should be returned to Human resources prior to contracting.

**PART 1**

To be completed by the Academic Department Chairperson.

To: (Name of adjunct's supervisor) \_\_\_\_\_

(Adjunct's Dept) \_\_\_\_\_

From: (Department Chairperson) \_\_\_\_\_

(Department) \_\_\_\_\_

I am requesting (adjunct's name) \_\_\_\_\_  
to teach during the (mark one) Fall \_\_\_\_ / Spring \_\_\_\_ Semester, 20\_\_\_\_ as  
indicated:

Course(s):

Class dates and times:

**PART 2**

To be signed by the staff member's supervisor & reviewed by the Executive Staff supervisor.

Approved

I have determined this adjunct assignment will be performed during normal working hours. Therefore, alternate arrangements have been made to either make up the time or charge to vacation leave.

Disapproved

(Supervisor's name, please print) \_\_\_\_\_

(Supervisor's signature) \_\_\_\_\_ Date \_\_\_\_\_

Reviewed

(Executive Staff Supervisor's Signature) \_\_\_\_\_ Date \_\_\_\_\_