



WORKFORCE SERVICES NON CREDIT
ADJUNCT APPOINTMENT FORM

Instructions: Use this form for adjunct faculty only. All information is required for CIPPS payroll data entry purposes. A budget code must be provided. Signatures are required before payroll processing will begin. Incomplete information could result in delay of pay!

Name: _____
LAST FIRST MI

Address: _____
STREET or P O BOX

CITY STATE ZIP

Phone Number: _____ **Cell Phone Number:** _____

Email: _____

Program: _____ **New:** _____ **Rehire:** _____ **Change** _____

Budget Code: _____

Date of Hire/Change _____ **PMIS/CIPPS Number** _____

(HR will provide)

Required Signatures:

Program Manager: _____ **Date:** _____

Dean: _____ **Date:** _____