



SPECIAL ASSIGNMENT CONTRACT

FACULTY NAME: _____ DIVISION: _____

FACULTY PAYROLL ID# _____

FACULTY ASSIGNMENT:

Supervision of Intern
Intern's Name _____ Intern's Empl ID# _____

Special Project Description: _____

Report must be submitted at completion of project.

DATE ASSIGNMENT BEGINS: _____ DATE ASSIGNMENT ENDS: _____

REMUNERATION: _____

BUDGET CODE: _____

ACCEPTANCE OF ASSIGNMENT: (Payment is contingent upon completion of above responsibilities. Faculty member should sign and return contract to division office. When assignment is complete, dean will sign in section below and forward to Vice President for Instruction and Student Services to request approval for payment.)

Faculty Signature

Date

APPROVED FOR PAYMENT:

Dean's Signature

Date

Vice President's Signature

Date

SPECIAL PAYMENT INSTRUCTIONS: