## Submit signed approval form to Human Resources for processing and retain a copy for your departmental records.

Fall Semester	COLLEGE OF CHARLESTON  Adjunct Faculty Appointment				Maymester
Spring Semester					Summer I
Other	(PLEASE TYPE)			Summer II	
NAME			Cof C ID/Soc.S	Sec. #	
ADDRESS	CITY/STATE				
TELEPHONE	EMAIL ADDRESS				
DEPARTMENT	TELEPHONE #				
COURSE TITLE	COURSE NO.	CRN	SECTION NO.	DAYS	TIME OF CLASS
PERIOD OF EMPLOYMENT THROUGH SAI					ARY\$
BUDGET INDEX NUMB					
			MOUNT		
		A	MOUNT		
PAY ARRANGEMENTS	(To be	completed by Hum	an Resources)		
EXPECTED TO RETURN TI					
This offer is contingent on appointment. If you are cu on <b>Dual Employment.</b> In a Resources with appropriate successful background screen	rrently a State employee compliance with <b>Federa</b> e documents to verify en	e, this offer is su al <b>Legislation</b> , 1	abject to the financial limnew hires must physically	itations stipulated appear in the Of	d by State Regulations ffice of Human
Does this Appointment con If yes, specify the Agency			of South Carolina? No	Yes	
Has your address or tax dec	duction status changed s	ince your last a	ppointment? No	Yes	
Do you have an account wi	ith SCRS or ORP with the	he State? No_	Yes		
Accepted			Date		<u> </u>
Department Chair		Date	Dean		Date
Budget		Date	Academic Affairs		Date
President		Date	Director of Human R	esources	Date

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT IN WHOLE OR IN PART.