

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

___ Fall Semester
___ Spring Semester
___ Other

COLLEGE OF CHARLESTON
Adjunct Faculty Appointment
(PLEASE TYPE)

___ Maymester
___ Summer I
___ Summer II

NAME _____ COLLEGE CWID #: _____

ADDRESS _____ CITY/STATE _____

TELEPHONE _____ EMAIL ADDRESS _____

DEPARTMENT _____ TELEPHONE # _____

COURSE TITLE	COURSE SUBJ. & NO.	CRN	SECTION NO.	DAYS & TIME OF CLASS	ENROLLMENT

PERIOD OF EMPLOYMENT _____ THROUGH _____ SALARY \$ _____

BUDGET INDEX NUMBERS _____ AMOUNT _____

_____ AMOUNT _____

_____ AMOUNT _____

PAY ARRANGEMENTS _____

(To be completed by Human Resources)

EXPECTED TO RETURN THE FOLLOWING SEMESTER? Yes ___ No ___

This offer is contingent on sufficient enrollment as determined by the College. Fringe benefits are not applicable to this appointment. If you are currently a State employee, this offer is subject to the financial limitations stipulated by State Regulations on **Dual Employment**. In compliance with **Federal Legislation**, new hires must physically appear in the Office of Human Resources with appropriate documents to verify employment eligibility. Newly hired employees must also have completed a successful background screening to be employed.

Does this Appointment constitute Dual Employment by the State of South Carolina? **No** ___ **Yes** ___

If yes, specify the Agency (K-12 Schools do not apply) _____

Has your address or tax deduction status changed since your last appointment? **No** ___ **Yes** ___

Do you have an account with SCRS or ORP with the State? **No** ___ **Yes** ___

Accepted _____ **Date** _____

Department Chair Date

Dean Date

Budget Date

Academic Affairs Date

President Date

Director of Human Resources 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.