

**LAKEHEAD UNIVERSITY**  
**Part-Time Academic Staff & Supplemental Teaching Appointment Form**  
*(Do Not Use For Administrative, Technical, Casual, or Employee on Research Grants)*

DEPARTMENT OR SCHOOL	BUDGET CODE	YEAR to
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APPOINTMENT OF:

LAST NAME	FIRST NAME	TELEPHONE NUMBER	EMAIL
address	city	province	postal code country

Academic Qualifications of Appointee (other than full-time faculty)	Employee ID No.
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<b>NATURE OF APPOINTMENT:</b>  <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus Location _____ <input type="checkbox"/> Supplemental Teaching (for regular faculty-attach overload payment request form) <input type="checkbox"/> Inconvenience Allowance <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Contract Lecturer <input type="checkbox"/> Clinical Assistant
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**ACADEMIC TERM: (Salary payments are made in equal installments over the term(s) indicated unless otherwise noted in remarks section)**

<input type="checkbox"/> Fall Term (Sept 1-Dec 31)	<input type="checkbox"/> Winter Term (Jan 1-Apr 30)	<input type="checkbox"/> Spring Term (May 1-June 30)	<input type="checkbox"/> Summer Term (July 1-Aug 31)
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COURSE NUMBER(S), COURSE CODE, SECTION, DESCRIPTION				FALL Lecturer/Lab Hrs per wk	WINTER Lecturer/Lab Hrs per wk	SPRING Lecturer/Lab Hrs per wk	SUMMER Lecturer/Lab Hrs per wk
ie PSYC	1100	YA	Course Name				

<b>REMUNERATION: Complete either A or B (Remuneration Includes Vacation Pay)</b>  A) Remuneration for above courses \$ _____  B) Inconvenience allowance for F/T Faculty Teaching Off-Campus \$ _____  <b>APPOINTMENT ROUTING &amp; APPROVALS</b>  ..... <i>Chair</i> <span style="float: right;"><i>Date</i></span>  ..... <i>Dean</i> <span style="float: right;"><i>Date</i></span>  ..... <i>Continuing Education (Spring/Summer &amp; Off-Campus)</i> <span style="float: right;"><i>Date</i></span>  ..... <i>Provost and Vice-President (Academic)</i> <span style="float: right;"><i>Date</i></span>  ..... <i>Human Resources</i> <span style="float: right;"><i>Date</i></span>  ..... <i>Finance</i> <span style="float: right;"><i>Date</i></span>	<b>REMARKS/CONDITIONS:</b> (e.g. special considerations such as minimum enrolment requirements)
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LUFA Membership ☐ Yes ☐ No