

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.

NATURE OF APPOINTMENT:

<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)

Fall Term (Sept 1-Dec 31)
 Winter Term (Jan 1-Apr 30)
 Spring Term (May 1-June 30)
 Summer Term (July 1-Aug 31)

COURSE NUMBER(S), COURSE CODE, SECTION, DESCRIPTION <small>ie PSYC 1100 YA Course Name</small>	FALL <small>Lecturer/Lab Hrs per wk</small>	WINTER <small>Lecturer/Lab Hrs per wk</small>	SPRING <small>Lecturer/Lab Hrs per wk</small>	SUMMER <small>Lecturer/Lab Hrs per wk</small>

REMUNERATION: Complete either A or B (Remuneration Includes Vacation Pay)

A) Remuneration for above courses \$ _____

B) Inconvenience allowance for F/T Faculty Teaching Off-Campus \$ _____

REMARKS/CONDITIONS:
(e.g. special considerations such as minimum enrolment requirements)

APPOINTMENT ROUTING & APPROVALS

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Chair Date

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Dean Date

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Provost and Vice-President (Academic) Date

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Human Resources Date

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Finance Date

LUF A Membership Yes No