

THE UNIVERSITY OF MEMPHIS

Appointment form for Part-time or Temporary Full-time Instruction

DEPT: Please check first to see if any exception is necessary for employment (see page 3)

It is the policy of The University of Memphis that no person shall, on the basis of race, color, national origin, religion, age, gender, disability status, or veteran status be denied employment. Any inquiries concerning the application of this policy should be directed to the University's Affirmative Action Office.

Complete all sections of this form. DO NOT RESPOND "see vita" on any part of the form. The following documents must be submitted with this form:

- **Official** transcript conferring HIGHEST DEGREE and/or all earned graduate semester hours. (An **official** transcript is one that has been received directly from the appointee's alma mater. It must bear the college seal, date, and appropriate registrar's signature. Computer generated transcripts will be printed on security paper and may not bear an official seal. Copies are not acceptable.)
- Two (2) signed letters of recommendation
- Current vita (or educational/professional resume)

Personal Data (to be completed in blue or black ink by approved appointee. Please type or print.)

Name _____ Social Security No. _____
Last First Middle

Date of Birth _____ Gender _____ Marital Status _____

Race: White _____ Black _____ American Indian _____ Asian _____ Hispanic _____

Local Address _____ Home Phone () _____
Street City/State Zip

Permanent Address _____
Street City/State Zip Country

Citizenship Country _____

If you are **not** a citizen of the United States, do you hold a current visa entitling you to work here? Yes _____ No _____
 Type of Visa _____ Visa Expiration _____ Residency Country (if other than citizenship country) _____

Are you a retiree of the Tennessee Consolidated Retirement System (TCRS)? YES _____ NO _____

Dual Services Contract (To be completed by approved appointee) Are you now or will you be an employee of another *Tennessee State Institution or Agency* during the semester for which you are to be appointed? Yes _____ No _____ If yes, please list the institution or agency and your position:

For "benefit eligible" employees of state agencies and institutions, a dual services contract may have to be arranged in advance, please advise the department as soon as possible. Compensation will be processed through the primary employer. University of Tennessee system employees may be exempt under some circumstances. For questions, please contact the Purchasing Department at (901) 678-5348, or see Policies and Procedures: 2D:05:15A Dual Services Agreement.

Do you have relatives currently employed at The University of Memphis? Yes _____ No _____ If yes, list name/s, relationship and department/s.

LOCAL EMERGENCY NOTIFICATION: Please indicate the person the University should contact in the event of an emergency.

Name Area Code/Telephone Extension Relationship

Street Address City State Zip

Work Experience at Institutions of Higher Education (including The University of Memphis)

Includes: administrative experience, faculty positions, research post-doctorate, post-doctoral fellowships, and lectureships in an institution of higher education.

INSTITUTION	TITLE/RANK	DATES		YEARS OF SERVICE
		FROM	TO	

Work Experience related to the courses you are teaching

List all full-time work experience related to the courses you are teaching, your discipline. This includes experience that is NOT in an institution of higher education but experience that is related to WHAT YOU ARE TEACHING.

Company	TITLE/RANK	DATES		YEARS OF SERVICE
		FROM	TO	

Academic Credentials

The Southern Association of Colleges and Schools criteria requires that part-time instructional personnel teaching undergraduate credit courses MUST hold a Doctoral or Masters degree in the discipline OR have ANY Masters degree PLUS have completed at least 18 graduate semester hours in the teaching discipline. Those teaching graduate and post-baccalaureate courses must have GRADUATE FACULTY STATUS, see <http://academics.memphis.edu/gradschool/gradfacproc.html>.

Department: If the appointee does not hold the appropriate academic credentials have the appointee complete the Graduate Course Information below and see Exceptions on page 3 of this form.

	EARNED DOCTORATE DEGREE	EARNED MASTER 'S DEGREE	OTHER/ABD	EARNED BACCALAUREATE DEGREE
DEGREE				
MAJOR				
INSTITUTION				
YEAR EARNED				
TEACHING DISCIPLINE	YES _____ NO _____	YES _____ NO _____	YES _____ NO _____	YES _____ NO _____

Graduate Course Information

Complete the following if you **DO NOT** have a Masters degree in the area you are teaching. (Dept: Requires an approved exception form)

TITLE OF GRADUATE COURSES COMPLETED IN TEACHING DISCIPLINE	HOURS EARNED	INSTITUTION	CITY, STATE, COUNTRY	DATE EARNED

I certify that the information given on this form is true and complete to the best of my knowledge. I understand that falsifying information or omission of facts shall be considered sufficient cause for dismissal.

Signature _____ Date _____

DEPARTMENTAL ATTACHMENT

Proficiency in Oral English The determination of proficiency in Oral English involves students and faculty.

Name of Appointee _____

Last

First

Middle

Pursuant to Tennessee Board of Regents policy 5:02:01:03, I certify that the above appointee as a part-time instructor in the Department of _____

Meets the following criteria:

- ✓ An ability to **SPEAK ENGLISH CLEARLY.**
- ✓ An ability to **UNDERSTAND SPOKEN ENGLISH.**
- ✓ An ability to **COMMUNICATE EFFECTIVELY** in an academic environment (e.g., previous successful employment in an academic institution.)

Course Information: Graduate courses may only be taught by faculty that hold “Graduate Faculty Status”.

Department: In the spaces provided below, please indicate the requested information for each course to be taught by this appointee.

Dept Prefix and Course number	Course level Undergraduate (U) or Graduate (G)	Section # and Time	Credit Hours	Location of class

Exceptions

An **Exception Request Form**, must be submitted to Faculty Administrative Services by **July 19 for Fall semester and by Dec 1 for Spring semester**, if any of the following conditions relate to the appointment. After your chair and dean approve the request, you may fax the exception form to 5127, Faculty Administrative Services. Once approved by appropriate officials, FAS will fax a copy to your department. The copy of this approved form must be attached to the paperwork when submitted.

- 1) **If the part-time instructor is teaching more than 6 total hours.** (You will need to ask if they are also teaching in another department.) The maximum teaching load allowed by TBR is six credit hours per semester; three credit hours if they are TBR employees. Instructors teaching 10-12 hours are only eligible for 2 semesters as Temporary full-time faculty. An exception form is necessary. These semesters do not have to run concurrently. After two semesters they need to teach 9 hours or less or be hired as full-time faculty. (See faculty guidelines)

- 2) **If the part-time instructor does not meet the required academic credentials.** SACS, "Criteria for Accreditation, 2003, p. 26, states: "Faculty teaching baccalaureate degree courses: a doctoral or a master's degree in the teaching discipline or a master's degree with a concentration in the teaching discipline (minimum of 18 graduate semester hours in the teaching discipline)." "Faculty teaching graduate and post-baccalaureate course work must hold GRADUATE FACULTY STATUS, **see** <http://academics.memphis.edu/gradschool/gradfacproc.html>. An exception will only be approved if the Graduate Faculty Status request has been submitted.

- 3) **If the pay rate is different than the pay schedule.**

Comments/Notes

DO NOT write in the boxes below.

Faculty Administrative Services use only.

Date Received:	Approved Exception Memo: <input type="checkbox"/>
Approved:	Comments:
Date forwarded to Human Resources:	

Necessary Funding and Terms of Employment (To be completed by department . Contracts are due to FACULTY ADMINISTRATIVE SERVICES, ADM 376, by AUGUST 2 for Fall Semester and DECEMBER 15 for Spring Semester)

The person named below is recommended for employment under the terms indicated and necessary funds are available.

Name _____ Social Security Number _____ - _____ - _____
Last First Middle

1 st month paid See below*	Last month paid See below*	Account Number / Position Number/Object Code/Job Code	Semester Total
		1253 R	\$

*Part-time Spring payments will be distributed at the END of February, March and April; 1st Session will be paid at end of Feb; 2nd session end of March/April
 *Part-time Fall Payments will be distributed at the END of October, November and December ; 1st Session will be paid at end of October; 2nd session end of November, December
 *Temporary Full-time Spring payments will be distributed at the end of Feb/March/April/May *Fall payments end of Sept/Oct/Nov/Dec

Departmental contact person (please print) _____ Phone Number _____

The department is responsible for issuing directives to the part-time instruction appointee on completing and submitting the following:

1. Employment Eligibility Verification (Form I-9) **MUST BE COMPLETED IN HUMAN RESOURCES OFFICE**
2. Employee's Withholding Allowance Certificate (Form W-4)
3. Authorization for Direct Deposit of Pay

Please provide any relevant details:

EMPLOYMENT CONTRACT

You are hereby appointed: Part-time Instructor Temporary Full-time (10-12 credit hours)
 in _____ Department for Fall Spring 20_____
 at a rate of (please choose) from levels I \$ 500 II \$550 III \$ 620 IV \$ 675 or other \$ _____
(requires approved exception)
 for _____ credit hours. TOTAL semester salary = \$ _____

10-12

- You are not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay or longevity credit).
- This agreement may be terminated without prior notice.
- This appointment does not include any assurance, obligation or guarantee of subsequent employment.
- By acceptance of this agreement, you agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. You also agree to notify the Department of Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents and the Requirements and policies of this institution.
- Your employment with The University of Memphis is contingent upon completion of the Employment Eligibility Verification (Form I-9) by the first day of employment as required by law to certify work eligibility. Failure to do so will result in termination of employment.
- The method of payment at The University of Memphis is through direct deposit to a checking or savings account at a bank or credit union. You agree to provide necessary account number(s) for deposit of your salary/wages.
- This contract is not binding until executed by both the Appointee and The University of Memphis.

► Will you hold an assistantship or work in any other capacity at The University of Memphis during the semester work dates: beginning the first day of classes and ending Commencement Day. If yes, what area? _____ Hours/week _____ Contact person/phone _____

► Appointee Signature _____ Date _____

_____ Date _____

Chair or Designee — By signing I indicate that I have verified the terms of employment

_____ Date _____

Dean or Designee

Human Resources USE ONLY. DO NOT write in the boxes below.	Monthly Pay Rate	FICA Code	Retirement Code	Assignment No.
I-9 Status	Payroll USE ONLY: Approved for Processing			
Approved for Processing	Signature:			
Signature:	Date entered:			
Date entered:	Comments:			