**Mississippi University for Women**

**Human Resources**

**MUW-1609**

**Justification and Approval for Staff to Be Paid for Adjunct Teaching or Additional Duties**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | will be assuming the following responsibilities outside of the regular | | | | | |
| duties as an employee in the department of | | | | |  | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Course # or Duty** | | **Department** | | **Days per week/Date** | | **Time** | **Semester** | **Year** |
|  | |  | |  | |  |  |  |
|  | |  | |  | |  |  |  |
|  | |  | |  | |  |  |  |
|  | |  | |  | |  |  |  |
|  | |  | |  | |  |  |  |
| **CHOOSE ONE** | | | | | | | | |
|  | The additional duties will be completed outside of my regular work schedule. | | | | | | | |
|  | I will use Personal Leave (Must complete an Application for Leave to be filed in department). | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Requested by: | |  | | | | | | |
|  | | Signature of Employee Date | | | | | | |
|  | |  | | | | | | |
| Approved by: | |  | | | | | | |
|  | | Signature of Supervisor Date | | | | | | |

**NOTE: Completed form should be sent to Human Resources, W-1609, prior to the extra duties beginning.**