



CONTRACT INITIATION FOR PART TIME INSTRUCTORS

___ Spring
 ___ Fall
 ___ Summer
 ___ Inter-term

(Rev 4/2013)

Academic Year _____

EMPLOYEE ID#	EMPLOYEE INFORMATION		
<u>ALL INFORMATION MUST BE PROVIDED FOR CONTRACT TO BE WRITTEN</u>			
FULL LEGAL NAME _____		SSN _____	
Last	First	Mi	
ADDRESS _____		CITY _____	STATE _____ ZIP _____
KSU MAILBOX LOCATION _____		ROOM NUMBER _____	BUILDING _____
PHONE: HOME _____		WORK _____	EMAIL _____
<p style="color: purple; font-size: small;">NOTE: If employment will be more than 6 months, a Background Check must be done prior to placement on payroll. New employees need Spoken English assessed on a PER-20. Available at http://www.k-state.edu/hr/forms/per20.pdf</p>			

DEPARTMENT INFORMATION			
3670085020 Salina - Aviation	3670085040 Salina - Engineering Technology		
3670085030 Salina - Arts, Science & Business	3670085150 Salina - Continuing Education		
POSITION TITLE	ONLINE CLASS?		
CLASS NUMBER	SECTION		
FULL CLASS NAME	*FTE		
SHORT CLASS ID	CREDIT HOURS		
** DEGREE	SALARY PER CREDIT HOUR	GROSS CONTRACT SALARY	SALARY EXCEPTION
	\$	\$	\$
START DATE	END DATE	50% DROP DATE	
IS THIS PERSON A CURRENT STATE OF KANSAS EMPLOYEE?	NO	YES	IF YES, AGENCY NAME

PERSONNEL USE ONLY			
PROJECT FIS/FUND ACCOUNT			
# OF STUDENTS	BIWKLY SALARY \$	# OF PAY PERIODS	PAY PERIOD START/END DATES
APPROVAL SIGNATURES			DATE
DEPARTMENT HEAD			
CONTINUING ED - when applicable			
K-STATE SALINA DEANS OFFICE			
DIRECTOR OF FISCAL AFFAIRS			

CONTRACT/EDS GENERATED AND SENT TO THE DEAN _____
CONTRACT RETURNED FROM THE DEAN _____
EMPLOYEE NOTIFIED BY MAIL OR PHONE _____
CONTRACT/ EDS SIGNED/ RETURNED BY EMPLOYEE _____

I-9 Need: new / reverify _____
 Tax Clearance _____
 EID _____
 PER20ECA _____
 Direct Deposit _____
 Bkgd Chk done _____
 30 day brk in serv _____
 K-4 on file _____

* See Percent of Time Chart ** See Salary Guidelines