

Last Name:	First Name:	Middle Name:	Banner I.D.
------------	-------------	--------------	-------------

<input type="checkbox"/> <b>New Employee</b> (Has never taught at YSU)		<input type="checkbox"/> <b>Mid-Semester Appointment</b>		<input type="checkbox"/> <b>Flexibly Scheduled</b>	
<input type="checkbox"/> <b>Re-Hire</b> (Previously employed as Part-time Faculty at YSU)		<b>Start Date:</b>		<b>End Date:</b>	
<input type="checkbox"/> <b>Revision:</b> <input type="checkbox"/> Replaces Contract <input type="checkbox"/> Cancels Previous Contract <input type="checkbox"/> New Job (In addition to previous contract)					

<b>Home Department</b>					
Home Department	Fund	Org.	Acct.	Prog.	
Dept. Billed (If different from Home Dept)	Fund	Org.	Acct.	Prog.	

CRN (Course Reference No.)	Dept. & Course Number	Workload Hours (If over 6 WH, See*Note.)	Title

**\*NOTE: If over 6 WH, a memo of justification from the Department Chair or College Dean should be attached to this contract.**

Comments:					
Semester/Acad. Year:	If Summer, Choose a Term:		Total Workload Hours:	Rate per Hour:	Total Amount to be Paid:

**Employee Section: (to be completed by employee)**

This appointment is contingent upon the approval of the Dean, the availability of funds and upon adequate enrollment. It is subject to the provisions of the Constitution and the Ohio Revised Code, and to the rules and regulations of the Board of Trustees of Youngstown State University. Employees signature below indicates availability and willingness to teach the class(es) listed.

*Disclosure Statement/Certification Consent:* I certify that my academic credentials are from a regionally accredited institution of higher education and that I am in good standing with respect to any professional certifications and/or licensures that I have represented having. I also certify that I have not been convicted of a felony criminal offense, or that-if I have- this information has been disclosed in writing to the Chairperson of my department. I understand that falsifying any information provided to Youngstown State University is grounds for disciplinary action up to and including termination. Employee's signature below verifies this statement to be true.

Employee Signature _____	Date _____
<input type="checkbox"/> Check here if you have another part-time teaching contract (other than this one) with YSU. If so what department: _____	
<input type="checkbox"/> My Direct Deposit Authorization is on file and banking information is correct.	
<input type="checkbox"/> My banking information has been changed. Attached is a new <i>Direct Deposit Authorization</i> form.	
<input type="checkbox"/> Check here if you have any other contracts for work with YSU. If so, what department: _____	

**To be completed by department:**

<b>(If YSU employee, signature of supervisor required indicating approval)</b>		Date:	Chairperson's Signature:	Date:
Supervisor Signature:				
Dean:	Date:	Office of Provost:	Date:	Academic Budget:

**To be completed by Human Resources:**

Default Earnings:	FTE:	ACA:		
Entered into Banner	Initials/Date:	Pay Factor:	Per pay Amount:	