

**Northeast Alabama Community College
Request for Letter of Appointment**

This form should be used to request a letter of appointment for an adjunct employee. It must be submitted at least two weeks prior to the first day of work.

ALL LETTERS OF APPOINTMENT MUST BE APPROVED AND AUTHORIZED BY THE PRESIDENT.

| | |
|--|--|
| Name | |
| Position | |
| Begin Date | |
| End Date | |
| Charge to (grant, etc.) | |
| Number of hours (if applicable) | |
| Hourly Rate/Salary Schedule | |
| Salary Amount | |
| Immediate Supervisor | |

If this is a letter of appointment for a consultant or instructional services, include the individual's address and Social Security number.

| | |
|-------------------------------|--|
| Address | |
| City, State ZIP | |
| Social Security Number | |

Person submitting request

Date

Approved:

Appropriate Dean/Director

Date

President

Date

Copies: Payroll Clerk
 Employee File