

## NORTHWESTERN STATE UNIVERSITY PART-TIME FACULTY AND EXTRA SERVICES APPOINTMENTS

Date: \_\_\_\_\_

With the concurrence of your budget unit head, I am pleased to proffer this appointment to:

\_\_\_\_\_  
(Last, First, Middle Name)

\_\_\_\_\_  
CWID

\_\_\_\_\_  
Address [ ] Check if new address

\_\_\_\_\_  
City, State, Zip

as/for \_\_\_\_\_.

**Employment Period:**  
Acad. Year \_\_\_\_\_ Semester \_\_\_\_\_  
Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

**Salary Rate:** \_\_\_\_\_  
**Payment Terms:** \_\_\_ Single Payment \_\_\_ Multiple Payments

**Duties to be Performed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Section	Hrs.	Enrollment	Location	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____

**Appointment:**

\_\_\_\_\_  
\*Employee Signature Date

*\*I understand, all Extra Services work MUST be conducted outside of my normal work schedule.*

**Charge:**

\_\_\_\_\_  
Individual Offering Appointment

Index Title: \_\_\_\_\_  
Index: \_\_\_\_\_ Account: \_\_\_\_\_  
Home Org: \_\_\_\_\_ Timekeeping Org: \_\_\_\_\_

\_\_\_\_\_  
Project Director/Budget Unit Head Date      \_\_\_\_\_  
Approving Agent/Dean/Division Head Date      \_\_\_\_\_  
Provost (if applicable) Date      \_\_\_\_\_  
Appropriate VP/President (if applicable) Date

*Once ALL signatures have been received, email the completed document to Position Control ([positioncontrol@nsula.edu](mailto:positioncontrol@nsula.edu)) and attach any supporting documents.*

*Appointment will not become official until it has been approved. Be sure all information is completed accurately. An approved copy will be provided to you.*

### Human Resources, Payroll, and Position Control

**Comments:** \_\_\_\_\_

Code	Salary/Tax/Deduction	Change From	Change To	Payroll Date	Position No.	LAGov No	Index	Account Code
_____	Salary Rate.....	_____	_____	_____	_____	_____	_____	_____
N/A	Number of Checks...	_____	_____	_____	_____	_____	_____	_____
010	FICA.....	_____	_____	_____	_____	_____	_____	_____
011	Medicare.....	_____	_____	_____	_____	_____	_____	_____
020	FIT.....	_____	_____	_____	_____	_____	_____	_____
030	SIT.....	_____	_____	_____	_____	_____	_____	_____
_____	Retirement.....	_____	_____	_____	_____	_____	_____	_____