

ADDENDUM FOR FULL TIME FACULTY AGREEMENT

DATE \_\_\_\_\_

PERSON'S LEGAL NAME \_\_\_\_\_



<b>HR USE ONLY (if applicable):</b>
Banner # _____
Position # _____ Suffix # _____
Entered by: _____
Verified by: _____

This document is an addendum to your current agreement as a faculty member. It does not change the expectations required of you in your primary job in any way. This document does not affect any tenure rights/privileges earned, if applicable. Work performed under this addendum is not to interfere with or take precedence over the work required by your primary duties.

This addendum is for a part time, unclassified appointment in the position of:

\_\_\_\_\_ ADJUNCT INSTRUCTOR                      \_\_\_\_\_ NON-TEACHING PROFESSIONAL

Budget Unit Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

Employment Period: \_\_\_\_\_ Academic Year \_\_\_\_\_ Date: Beg. \_\_\_\_\_ End \_\_\_\_\_

Your base salary for this appointment will be: \$ \_\_\_\_\_, Payable in \_\_\_\_\_ biweekly installments of \$ \_\_\_\_\_

The appointment is to fulfill the following duties:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Action to terminate this appointment, if required, shall not be arbitrary or capricious. The terms and responsibilities of your employment are described in the attached job description.

The college reserves the right to terminate this agreement before the end date for any of the reasons specified above or in the policies and procedures of the college and/or those of the Louisiana Community and Technical College System, including but not limited to dismissal for misconduct, dismissal for unsatisfactory performance, termination for financial exigency or insufficient enrollment, or discontinuance or elimination of the program in which the affected faculty is teaching. Should the employee resign or be dismissed from this appointment before the end of the appointment's term, pay will be prorated to include payment for services rendered.

Your appointment and salary are subject to the approval of the college Appointing Authority, the Chancellor, or \_\_\_\_\_ designee. Reappointment is based on your performance evaluation, sufficient student enrollment, good conduct, and/or at the discretion of the Chancellor or \_\_\_\_\_ designee.

Please signify your acceptance by signing below and returning this document to \_\_\_\_\_ no later than \_\_\_\_\_. Should this document not be received by the above specified date, the college will assume that you have not accepted the offer. This position may then be advertised as an open position via appropriate media.

**I have reviewed the requirements outlined above and agree to perform all responsibilities to the best of my ability.**

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

\_\_\_\_\_

\_\_\_\_\_

Signature - Chief Finance Officer/Director                      Date

\_\_\_\_\_

Signature - Chancellor/Appt. Authority                      Date

FOPAL: \_\_\_\_\_

Fund	Org	Acct	Program	Activity	Percent
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FOPAL: \_\_\_\_\_

Fund	Org	Acct	Program	Activity	Percent
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FOPAL: \_\_\_\_\_

Fund	Org	Acct	Program	Activity	Percent
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