

DATE \_\_\_\_\_

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



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

The college is pleased to offer you a part-time temporary appointment as:

\_\_\_\_\_ EXTRA SERVICES \_\_\_\_\_ PART-TIME TEMPORARY TITLE: \_\_\_\_\_

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

Employment Period: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Other \_\_\_\_ Academic Year \_\_\_\_\_ Date: Beg. \_\_\_\_\_ End \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ per hour, not to exceed \$ \_\_\_\_\_.

Payment Terms:

DCC/FTE ACC +OFF HRS HRS/PAY HRS/DAY

The appointment is to fulfill the following duties:

Course Section	Hrs.	Enrollment	Location	Begin Time	am/pm	End Time	am/pm
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total Hours		_____					

This is an unclassified position. 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 their designee. Reappointment is based on your performance evaluation, sufficient student enrollment, good conduct, and/or at the discretion of the Chancellor or their 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 - Division Dean/Director Date

\_\_\_\_\_  
Signature - Chief Finance Officer Date

\_\_\_\_\_  
Signature - Vice Chancellor Date

\_\_\_\_\_  
Signature - Chancellor/Appt. Authority Date

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

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

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