

ADJUNCT AGREEMENT

DATE _____

PERSON'S LEGAL NAME _____



HR USE ONLY (if applicable):	
Banner # _____	Position # _____ Suffix # _____
Entered by: _____	
T.S. Approver: _____	

The college is pleased to offer you a temporary appointment as an adjunct instructor.

This document sets forth the terms of your appointment and supersedes all other commitments either written or verbal that may have been made to you. In addition, this document may be executed in multiple counterparts, but all of which together shall form a single document. Teacher assignments are scheduled at the college's discretion. Moreover, this offer of appointment is contingent on a course having a minimum enrollment of students and the college reserves the right to cancel a course that does not, by the ____ day of the semester, have the necessary minimum enrollment of students. Your duties are subject to change depending on department needs, and such a change shall not be grounds for rescission of this agreement. In any event, financial exigency may justify the cancellation or amendment of this agreement. In the event that a course is cancelled due to failure to satisfy minimum enrollment, your base salary will be reduced proportionately. Cancellation, re-scheduling or relocation of classes requires prior approval and consent of the _____.

Budget Unit Title: _____ Account Number: _____

Employment Period: Fall ____ Spring ____ Summer ____ Other ____ Academic Year _____ Date: Beg. _____ End _____

Your base pay for this appointment will be: \$ _____, payable in _____ biweekly installments or hourly at the rate of \$ _____ per hour, not to exceed \$ _____

The appointment is to fulfill the following duties:		Course Section	Hrs. Enrollment	Location	Begin Time	am/pm	End Time	am/pm
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
DCC/FTE	ACC + OFF HRS	Total Hours	_____	HRS/PAY			HRS/DAY	

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.

_____(check if applicable) If for any reason an employee is excluded from a facility or workplace affiliated with the college and necessary to access for the fulfillment of your job, the result will be immediate termination of employment with the college.

The college reserved 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 sign 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's Signature _____ Date _____

Signature - Division Dean/Director _____ Date _____

FOPAL: _____

Signature - Chief Finance Officer _____ Date _____

Fund Org Acct Program Activity Percent

FOPAL: _____

Signature - Vice Chancellor _____ Date _____

Fund Org Acct Program Activity Percent

FOPAL: _____

Signature - Chancellor/Appt. Authority _____ Date _____

Fund Org Acct Program Activity Percent