



OHR 310/Lecturer Appointment

Revised: 09/04/2009

Prepared by: _____
 Extension: _____ Date: _____

Comments
Background check completed: <input type="checkbox"/>

Type of Appointment
<input type="checkbox"/> Lecturer
<input type="checkbox"/> Academic Lecturer

Employee's Supervisor and WSU ID#: _____

Employee Information

Name _____ myWSU ID# _____
Last First MI

Home Address _____
Street City State Zip

Campus Address _____
Building and Room Number Extension Campus Box

Did individual teach the fall/spring semester immediately preceding? No Yes

If yes, how many regularly scheduled hours last semester? _____

Did individual transfer from another state agency? No Yes

Documentation of English language proficiency is on file. Yes

Degree Information		
Highest Degree _____	From (Univ.) _____	Date Awarded _____

Salary/Funding

Start Date _____ Stop Date _____ Payment Schedule Biweekly One

Org. No. _____ Org. Name _____

Position No. _____ FTE _____

Payment Amount:	Proposed Funding Source:
\$ _____	GU Fund # _____ RU Fund # _____

Assignment

Course Title	Section #	Course #	Credit Hours

Required Signatures:

Budget Review Officer: _____ Date _____
 University Budget Director: _____ Date _____
 President/Vice President: _____ Date _____

BANNER APPROVED FUNDING – UNIVERSITY BUDGET OFFICE ONLY:

FTE: _____ P Class: _____ E Class: _____

Fund	Account

Banner Forms Completed: POSN _____ PBUD _____