## Distribution:

To be emailed to HR Payroll team

## **Human Resources**



Fleming, Robin (last name A-L) Volker, Cheryl (last name M-Z)				Part-Time Credit Instructor F0301 Non-Contracted							Community College			
Name (Last)		(	First)	(Mi)	"L" number L		r	Submitting Dep		Departmo	partment / Division		Term / Year	
Action Req [ ] New Hin [ ] Termina [ ] Termina	Table Grade Payro Step	e FP Calculations:  • # credits assigned / full time term load = FTE  (If your department assignments are not credit based then use your departments assigned equivalent)  • FTE x full time term pay (PT salary schedule) = term pay					·							
				Payro	ll Acc	ount D	istri	ibution						
Position No.	Suffix	Appt %	FO	A P		Beg. Da	ate	End Dat	e	Hrs per Pay	Assigned Salary	Timeshee Org	t Labor Dist %	
Comment:						<u> </u>							L	
Assignment Course		Course Title							FTE			Credit Hour Equivalent		
									Te	erm FTE	Total	Credit Hour	Equivalent	
	-							ion Pro						
		Course cancelled 2 calendar weeks or more before start of term (or 1 <sup>st</sup> class meeting):			Course cancelled within the weeks before start of term (o meeting):				r 1 <sup>st</sup> class 1 <sup>st</sup>		urse cancelled after the start of term (or class meeting):			
Instructor has taught course within past 2 years		<ul><li>Cancel PTSOA if completed</li><li>No compensation</li></ul>			<ul> <li>Cancel PTSOA if comple</li> <li>Prepare PAF for hourly particle</li> <li>Up to 4 hours prep competent</li> </ul>				ay (F96xxx) • ensation •		Prepare PAF for all class to prep/syllabus	Cancel PTSOA if completed Prepare PAF for hourly pay (F96xxx) For all class time met and up to 4 hours Forep/syllabus compensation		
Instructor has taught course within the payears	; <u> </u>		PTSOA if complet npensation	red	<ul><li>Cancel PTSOA if completed</li><li>Prepare PAF for hourly pay</li><li>Up to 4 hours prep compens</li></ul>				(F96xxx) • Pre sation • For		Prepare PAF For all class	ncel PTSOA if completed epare PAF for hourly pay (F96xxx) r all class time met and up to 10 urs prep/syllabus compensation		
					A	Approv	als							
Submitted by	,			Extensio						Date				
Div/Dept Ch	air		-	Date	'		Hur	nan Resor	ırces	,	•	Date		

## **Human Resources Only**

F 1 C1	YY 141 Y					
Employee Class	Health Insurance					
F2 F4 F6	Yes No					