## 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		Departme	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 Acco	ount D	istri	ibution						
Position No.	Suffix	Appt %	F O	A P		Beg. Da	ate	End Dat	e	Hrs per Pay	Assigned Salary	Timesheet Org	Labor Dist %	
Comment:						<u> </u>							1	
Assignment Course		Course Title								FTE	Cro	Credit Hour Equivalent		
1100														
									Te	rm FTE	Total	Credit Hour I	Equivalent	
											Town Crown Hour Equivalent			
			Pari	t-Time	Class	Cance	ellati	ion Pro	ces	s				
		or more b	Course cancelled 2 calendar weeks or more before start of term (or 1st class meeting):			Course cancelled within the weeks before start of term (o meeting):				lar C		urse cancelled after the start of term (or class meeting):		
Instructor has taught course within past 2 years		Cancel PTSOA if completed     No compensation			Cancel PTSOA if complet     Prepare PAF for hourly pa     Up to 4 hours prep compe				ay (F96xxx) • 1 ensation • 1		Prepare PAF for all class t prep/syllabus	Cancel PTSOA if completed repare PAF for hourly pay (F96xxx) or all class time met and up to 4 hours rep/syllabus compensation		
Instructor has taught course within the payears	; <u> </u>		PTSOA if complet npensation	ed	<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 Reso	ırces	,	•	Date		

## **Human Resources Only**

E 1 Cl	II to I					
Employee Class	Health Insurance					
F2 F4 F6	Yes No					