



NEW JERSEY CITY UNIVERSITY

ASSIGNMENT SHEET

EMPLOYEE INFORMATION		(CHECK ONE) TYPE OF EMPLOYEE	SEMESTER TERM
NAME		<input type="checkbox"/> FACULTY <input type="checkbox"/> ADJUNCT <input type="checkbox"/> OTHER (Please specify) _____	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II <input type="checkbox"/> SUMMER III YEAR _____
ADDRESS			
Employee Id #			

Department	Department # (IA account #)												CREDITS			Course Reference # (if any)	Course title or assignment description	Time, Day and Location of meeting	ORIGINAL (O) REVISION (R) ADDITION (A) DELETION (D)
													Inload	Overload	Adjunct				
TOTALS																			
Rate Per Teach. Credit													Total Credits						Total Compensation
Additional Amount													Deletion Amount						New Total

****REQUIRED SIGNATURES FOR PROCESSING****

Authorization Personnel	Date	Signature
Dept. Chair/Director		
Dean		
Vice President		
HR APPROVAL		