



**RESIDENTIAL ADJUNCT *AMENDED* ASSIGNMENT FORM**

Name \_\_\_\_\_ Z \_\_\_\_\_  
Last, First Middle

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Degrees \_\_\_\_\_ Rank \_\_\_\_\_

College or School \_\_\_\_\_ Department \_\_\_\_\_ ORG \_\_\_\_\_

Salary Rate/Credit Hour \_\_\_\_\_ **Amended Total Compensation** \_\_\_\_\_

**Previously Submitted Hours** \_\_\_\_\_ **Previously Submitted Total Compensation** \_\_\_\_\_

Contract period   Fall                      Spring                      Starting \_\_\_\_\_                      Ending \_\_\_\_\_  
Month/Day/Year                      Month/Day/Year

<u>Assigned Courses</u>	<u>Load Hours</u>	<u>Assigned Courses</u>	<u>Load Hours</u>
_____ Course Name                      Course Number	/ _____ /	_____ Course Name                      Course Number	/ _____
_____ Course Name                      Course Number	/ _____ /	_____ Course Name                      Course Number	/ _____
_____ Course Name                      Course Number	/ _____ /	_____ Course Name                      Course Number	/ _____

\_\_\_\_\_  
Department Chair                      Date

\_\_\_\_\_  
Dean                      Date

**COMPENSATION**

Compensation paid by ORU to Residential Adjunct Faculty is based on rank and the number of hours taught. Additional consideration is given to low enrollment classes with an adjusted pay rate.

This teaching assignment is accepted by:

\_\_\_\_\_  
Adjunct Faculty Signature                      Date