

ORU RESIDENTIAL FACULTY ASSIGNMENT FORM

TERM:

I. ADJUNCT DETAILS

Adjunct Name:

Z Number:

Rank:

Department/College:

ORG:

Issue Date:

Acceptance Date:

(Void after this date)

II. COURSE DETAILS

Assignment period: Starting date:

Ending date:

Assigned Courses:

Course Name:	CRN	Load Hours:

III. COMPENSATION

Rate/Credit Hour:

Total load hours:

Total Compensation:

Compensation paid by ORU to Residential Adjunct Faculty is based on rank and the number of hours taught. Low enrollment for an assigned course may result in adjusted compensation or cancellation of the class. If the course is cancelled the assignment form is void without compensation due. If course has low enrollment an amended assignment form may be issued.

IV. AUTHORIZATIONS

This Assignment is issued by department Chair/Dean:

Chair Signature: _____

Date: _____

Dean Signature: _____

Date: _____

This Assignment is accepted by Adjunct:

Signature: _____

Date: _____

THIS ASSIGNMENT OFFER SHALL BE NULL AND VOID IF ORU DOES NOT RECEIVE SIGNED ADJUNCT'S ACCEPTANCE OF THIS ASSIGNMENT FORM BY THE ACCEPTANCE DATE SET FORTH ABOVE