

AUXILIARY PAY INFORMATION

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR EACH AUXILIARY INSTRUCTOR, LECTURER OR LAB ASSISTANT PARTICIPATING IN YOUR CLASS THIS SEMESTER REQUIRING COMPENSATION. THIS INFORMATION MUST BE RETURNED TO ME AS SOON AS POSSIBLE IN ORDER TO GET PAYMENT SET UP.

AUXILIARY INSTRUCTORS, ETC. WILL NOT BE PAID UNLESS THIS FORM HAS BEEN FILLED OUT AND RETURNED TO ME.

NAME: _____

Social Security #: _____

Address: _____

City, State, Zip _____

Phone Number: _____

Name of Class Participating in: PhTh: _____

Date(s) of Participation: _____

Hours of compensation: _____ Rate (amt/hr) of compensation: _____

Assignment: [] Instructor [] Lecturer [] Lab Assistant [] Teaching Assistant

APPROVAL TO PAY: _____

Course Coordinator

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If the above individual has another University appointment, please also provide the following:

Home Dept: _____

Payroll Reporter: _____ Phone #: _____