

THE UNIVERSITY OF TULSA ADJUNCT PAYROLL FORM

| | | | | |
|--|---|------------------------------|--------------------------|-----------------|
| PERSONAL INFORMATION | NAME | | TU IDENTIFICATION NUMBER | |
| | | | | |
| | ADDRESS | CITY | STATE | ZIP |
| | | | | |
| PREVIOUSLY EMPLOYED AT TU? CHECK ONE BOX: | | IF YES, GIVE DATES: | PHONE NUMBER | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | AREA CODE | NUMBER |
| | | | | |
| ADDITIONS/CHANGES | DEPARTMENT | RATE OF PAY/SEMESTER | CHECK BOX | |
| | | | <input type="checkbox"/> | Fall Semester |
| | | | <input type="checkbox"/> | Spring Semester |
| EFFECTIVE START DATE | | EFFECTIVE END DATE | | |
| | | | | |
| ACCOUNT NUMBER | | POSITION NUMBER | | |
| | | | | |
| JOB DESCRIPTION | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| NOTE | <p>This position is budgeted for the period and amount shown and is not a guarantee of continued employment for the designated at-will employee.</p> | | | |
| APPROVAL | SUPERVISOR (PLEASE PRINT NAME) | SUPERVISOR'S SIGNATURE | EXT. # | APPROVAL DATE |
| | | | | |
| APPROVAL | DEAN OR DIRECTOR (PLEASE PRINT NAME) | DEAN OR DIRECTOR'S SIGNATURE | EXT. # | APPROVAL DATE |
| | | | | |
| <p>PLEASE PRINT ON GREEN PAPER</p> <p style="color: red; font-weight: bold;">SUBMIT FORM TO PERSONNEL AND CAMPUS SERVICES BEFORE EMPLOYMENT BEGINS</p> <p style="color: blue; font-weight: bold;">THE UNIVERSITY OF TULSA IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER</p> | | | | |