

HR Office Only:

SOUTHERN UTAH UNIVERSITY  
Payroll Action Request  
Adjunct Faculty New Hire Form

T # \_\_\_\_\_

I-9 Completed [ ] Init \_\_\_\_\_

\*Hire Date: \_\_\_\_\_

Pay: \_\_\_\_\_

Job # \_\_\_\_\_

**EMPLOYEE SECTION - Please Print:**

Employee Name (Last, First, MI)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

Ethnic Origin: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_  
American Indian/Alaska Native \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

Email Address

Mailing Address for Paychecks (if no direct deposit)

Phone Number

Date of Birth

\_\_\_\_\_ I am **not** related to any current SUU staff or faculty employee(s).

\_\_\_\_\_ I am related to the following current SUU staff or faculty employee(s).

*If you are currently enrolled for 6 credit hours  
or more, please mark here [ ]*

Name	Department	Relationship

I acknowledge that I have received information on SUU's drug-free workplace and sexual harassment policy websites. I certify that I will provide the proper tax forms to Human Resources and transcripts/resume to the Provost Office. **I recognize that if I am enrolled for 6 or more credit hours per semester during my employment that these wages will be exempt from unemployment benefits.** I acknowledge that any future contracts will be submitted electronically and copies can be obtained from the department. I state that the above information is complete and accurate and I accept this appointment under the terms and conditions specified.

Employee Signature

Date

**EMPLOYER SECTION - Please Print:**

Start Date of the Semester \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (1-9 documentation must be completed before or on start date\*)

Class this Adjunct Faculty will teach (ENG 1010-01, etc)

End Date of the Semester \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CRN & ICH for this course

Initiating Authority Signature (Admin Asst)\*\*

Total Job Salary (for teaching the above class)

Intermediate Authority Signature (Department Chair)\*\*

Department fund/org/acct/prgm or INDEX\*

Administrative Authority Signature (Dean)\*\*

\*On adjunct faculty positions, departments pay 100% of the salary cost + 8-10% in benefit costs for FICA/MED and Workers Compensation.

\*\*This form should be signed by different individuals approving the hire.

\_\_\_\_\_ W-4 \_\_\_\_\_ I-9 \_\_\_\_\_ Transcripts/Resume \_\_\_\_\_ Policies \_\_\_\_\_ E-Verify

\_\_\_\_\_ Budget Initial/Date \_\_\_\_\_ Provost Initial/Date \_\_\_\_\_ HR Initial/Date \_\_\_\_\_ Payroll Initial