CHICAGO STATE UNIVERSITY

Office of Human Resources (OHR) ADM 203 | 773.995.2040 | HR@CSU.edu

Hiring Authorization for New Part-Time Faculty
& Personnel Change for Returning Part-Time and Full-Time Lecturers

Last Name First Name		UID: (Leave blank for new hires)	
Highest Degree	Discipline	Institution	
Type of Employment: Full-Time ☐ Part-Time ☐	Hiring Status: New Hire ☐ Rehire ☐	For Rehires Only Last Term Worked:	Rank (For PTs, enter Lecturer)
Provost's Use Only Multi Year Appt. ____/5	Union Status: Non-member ☐ Unit ☐	SURS Retired: Yes ☐ No ☐	
Dates for this Appointment: From	Through		
Department Name:		Fund & Org Code:	
Contract Term (i.e. 4.5 months) _____	Position Number	Class Code	
Provost's Use Only **Compensation may change based on changes in enrollment.** Monthly _____ or One Time _____ Total Salary: _____			Workload Percentage

For part-time faculty member, complete the following.
Maximum CUEs for part-time faculty: 9 per term & 17 per academic year
(Workloads over the maximum will not be accepted for part-time appointments.)

COURSE, SECTION, CRN	CREDIT HOURS	CUES	FOR TEAM TAUGHT COURSES (List Instructor Names &CUE breakdown)	ENROLLMENT
BLP 3207-01, 5372				
	TOTAL			

Only complete the section below if changes are required for an assignment initially submitted.
Use a copy of the initial form and make any change below. Add notes if needed.

COURSE & SECTION/CRN	CIRCLE ONE FOR EACH LINE	NOTES	ENROLLMENT
	Add Drop Edit		
	Add Drop Edit		
	Add Drop Edit		
	Add Drop Edit		

APPROVALS:

Coordinator/Director/Chairperson	Date:
Dean	Date:
Provost/Academic Vice-President	Date:
Budget or Sponsored Program	Date:

***Do not use this form for clinical instructors, department chairs, program directors or deans.**