

Adjunct Faculty Request Form (for appointment)

CSU, Chico

“Adjunct” refers to volunteers who are part-time or full-time faculty and are associated with the university for purposes of scholarly activity such as teaching, teaching support, research, publications, and grant submission. Adjunct faculty are not paid through state funds. They either are volunteers or paid through grant or other outside funding. Adjunct faculty are not to be confused with visiting faculty, who hold full-time, one-year, salaried appointments (CBA 12.32) or with temporary faculty (lectures) who are paid through state funds. (See also [EM 19-009](#))

SECTION I.

CSU ID# _____

First Name	Middle Initial	Last Name
Number and Street Address	City, State and Zip Code	
Personal Email Address (Must be non-campus)	(____) _____ Phone Number (Must be non-campus)	____/____/____ Date of Birth (mm/dd/yyyy)
Emergency Contact Name: _____		
Emergency Contact Phone#: _____		

SECTION II.

Department of _____ Dept ID# _____

College of _____

SECTION III.Appointment Dates From: _____ To: _____ New Appointment Subsequent Appointment**Appointments cannot exceed one year but are renewable**Access to Level I Data Yes No **OAPL use only** Date cleared: _____Background Check Requested Yes NoSensitive position or mandated reporter, per CSU HR 2017-17 Yes No

SECTION IV.

Rationale for appointment: (This form should be accompanied by letter from Dept. Chair and faculty member's CV)

SECTION V.

Identify duties to be undertaken during appointment.

SECTION VI.

Department/Unit Chair	Date	Recommend for Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College Dean	Date	Recommend for Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provost or Designee	Date	Approval of Appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjunct Faculty	Date	Acceptance of Appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach: Curriculum Vitae; Dept Chair Letter (see Section IV above)

Distribution: Original kept in College Office; 1 copy to Dept.; 1 copy to OAPL; email complete form only to HRIS at POIRequests@csuchico.edu