Staff Teaching Request and Authorization Form

(Authorization must be obtained each term staff member is teaching)

Date:

Name of staff member:

Home department: \_\_\_\_\_\_\_\_\_\_

Home Division:

Normal working hours for staff member: \_\_\_\_\_\_\_\_\_\_

Requesting academic department:

School or College:

Course title and number:

Term: Credit hours:

Course days/time:

Staff qualifications/degrees:

**To be signed by staff member:**

*I have reviewed Policy 2.05 – Staff Employees Who Teach. I understand I cannot use my teaching responsibilities as a reason for not meeting my primary job duties. I also understand the performance evaluation of my primary job will not include my teaching performance, unless such teaching interferes with my performance of my primary job.*

Signature of staff member

**Staff Department Approvals Academic Department Approvals**

Supervisor Date Academic Department Chair/Dean Date

Vice President Date Provost/Assistant Provost Date

*After securing the staff member’s signature, this form should be routed in the following order: (1) academic department chair/dean, (2) staff member’s supervisor, (3) staff member’s vice president, (4) provost and executive vice president. The provost will route a completed copy to the staff member and the academic department chair/dean.*