**Request for Adjunct Faculty Appointment**

**College of Health Professions**

Instructions: Type the information requested in the shaded boxes. Save the document and send it by email to [DCTaylor@uams.edu](mailto:DCTaylor@uams.edu) and [cj@uams.edu](mailto:cj@uams.edu).

|  |  |
| --- | --- |
| Date of Request |  |
| Department |  |
| Program |  |

What is the name of the person to be appointed to the adjunct faculty position? Type the name as it should appear for payroll purposes.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| First Name | Middle Name/Initial | Last Name |

What is the person’s contact information?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address |  | | | | | | | |
| City |  | | | ST |  | ZIP |  | |
| County |  | | | | | | | |
| Phone Numbers | Cell (Required) |  | Home |  | | Work | |  |
| email Address |  | | | | | | | |

Is this person currently employed at UAMS? Type X in one box.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No, this person is not currently employed at UAMS | | |
|  | Yes, this person is currently employed at UAMS | SAP Number |  |

Is this person currently employed at another State of Arkansas agency/institute? Type X in one box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No | | |  |
|  | Yes | Where |  | | |

Is this person a foreign national? Type X in one box. Provide citizenship and visa information if the person is not a U.S. citizen.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No, this person is a United States citizen | | | |
|  | Yes, this person is a foreign national | | | |
|  | | This person is a citizen of which country? | |  |
|  | | | What type of visa does this person have? |  |
|  | | | Submit a copy of the visa with this request form.  A 60-day notice is required when hiring, if the individual is a foreign national. | |

Is this a new appointment or a renewed appointment? Type X in one box.

|  |  |  |  |
| --- | --- | --- | --- |
|  | New appointment | | |
|  | Renewed appointment | Date of last appointment (MM/DD/YY) |  |

Is this a part-time or full-time appointment? Type X in one box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full-time appointment (100% effort; at least 40 hours per week) | | | |
|  | Part-time appointment | Estimated % effort |  | % |
|  | | (Note: A 3-credit lecture course is typically assigned 15% effort) | | |

What type of appointment is requested? Type X in one box.

|  |  |
| --- | --- |
|  | Regular faculty |
|  | Clinical faculty |
|  | Research faculty |

What faculty rank is requested? Type X in one box. Appointments above the rank of assistant professor must be approved by the Promotion and Tenure Committee, dean, chancellor, and president.

|  |  |
| --- | --- |
|  | Instructor |
|  | Assistant professor |
|  | Associate professor |
|  | Professor |

Which semester will this adjunct faculty member have a work assignment? This form is ONLY for one semester. Must use a different form for each semester. Type X in the applicable box.

|  |  |  |
| --- | --- | --- |
|  | Fall |  |
|  | Spring |  |
|  | Summer |  |

What is the start and end date for this semester? For compensation purposes, please use the first day of the month for the start date and the last day of the month for the end date.

|  |  |
| --- | --- |
|  |  |
| Start Date (MM/DD/YY) | End Date (MM/DD/YY) |

Will this be an on-going appointment or a one-time appointment? Type X in one box.

|  |  |
| --- | --- |
|  | On-going appointment – some responsibilities annually |
|  | One-time appointment – not likely to be renewed or re-appointed |

**Work Assignment and Requested Compensation**

What will be the adjunct faculty member’s work assignment, i.e., responsibilities? Briefly describe the responsibilities. If applicable, include course numbers and titles as listed in the Catalog. Add lines if necessary.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Will the adjunct faculty member ever work in patient care areas? Type X’s in applicable boxes.

|  |  |
| --- | --- |
|  | No |
|  | Yes – Will provide patient care or clinical services as part of faculty practice responsibilities |
|  | Yes – Will supervise students in patient care areas |
|  | Yes – Will write prescriptions |

What are the individual’s qualifications for the appointment and work assignment?

|  |  |
| --- | --- |
| Highest Degree and Discipline |  |
| Professional Credentials |  |
| Professional Licensure |  |
| Other Qualifications |  |

What will be the financial compensation for the work assignment? Type X in one box. If “Paid,” provide the compensation per semester.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unpaid / volunteer | | | |
|  | Paid | Compensation per Semester | $ |  |

From which **account(s) (fund and center)** will this adjunct faculty member be paid? Type the account number(s) and the percentage allocated from each account, if applicable. Percentages must total 100%.

|  |  |  |  |
| --- | --- | --- | --- |
| Fund 1 |  | **%** | **%** |
| Fund 2 |  | **%** | **%** |

Other Information or Comments

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Name of Requester |  |
| Contact Person (if different from the Requester) |  |

**Save a copy of this request for your file. Then, email an electronic copy of the request along with a copy of the faculty member’s current CV or resume to** [**DCTaylor@uams.edu**](mailto:DCTaylor@uams.edu) **and** [**cj@uams.edu**](mailto:cj@uams.edu)**.**

Approval/Additional Comments (for Office of the Dean’s use)

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| --- |
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