Payroll Authorization - Part-Time Faculty or Faculty Overload



Completed by Department

Instructions: Use form when hiring a part-time faculty member or when a full-time faculty member is taking on additional part-time duties (faculty overload). Prior to start date new hires must complete a background check, Personal Data form, W-4 and I-9 with the Human Resources Department. Work Load Unit calculations are not applicable for overload assignments. Please ensure that a different PAF is used for different course lengths.

Part-Time Faculty			Faculty Overload				
Today's Date Ac	Date Academic Term		Academic Year			PIDM	
First Name	MI		Last Name				
			Each co	lumn requires	an entry		
	Course	Number of Students	Credit Instruction Office			Dept Meetings Total WLU	
Assignment Description	Length	Enrolled	Hours	Hours/wk	Hours/wk	Hours/wk	Per Week
Grand To	otal						
Comments							
Please select the one that is applical	ble to the above	e faculty mer	nber				
The above course(s) are the only a	assignment(s) at	UIW this tern	า				
Or Employee has concurrent assignm	ont(s) at:	oadway Cam	nue l	Health Profess	sional Schoo	ol SPS	SACHS
	ent(s) at. Di	Oadway Cam	pus i	Tealil 1 Toles	sional ocnoc	010	
Payment Schedule:							
Total Gross Salary:	Pay Pe	riod Beginr	ing Date:	(1.11.1/2.2.0.0.1	Ending		1/222000
				(MM/DD/YY	()	(MN)	M/DD/YY)
Budget Account #	- 			Department			
Authorizing Signatures:							
Authorizing Signatures:							
				_			
Authorizing Signatures: Dean - Signature	Dean - Printed	Name			Date		
Dean - Signature	_			_			
	Dean - Printed Provost/VP - Pr			_	Date Date		