



# Adjunct Payroll Form

## EMPLOYEE PROFILE

Employee Name: \_\_\_\_\_ GC ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room #: \_\_\_\_\_

## POSITION INFORMATION

## SALARY INFORMATION

Position Title: \_\_\_\_\_ Amount/credit hour: \_\_\_\_\_

Classification: **Teaching Faculty** No. of credit hours: \_\_\_\_\_

Category: **Adjunct** Total Salary: \_\_\_\_\_

Start Date: \_\_\_\_\_ Account No. \_\_\_\_\_

End Date: \_\_\_\_\_ Account No. \_\_\_\_\_

Department Chair: \_\_\_\_\_ Dept. Chair ID #: \_\_\_\_\_

## COMMENTS/ADDITIONAL INFORMATION

## SIGNATURES

Dean \_\_\_\_\_ Date \_\_\_\_\_

HR \_\_\_\_\_ Date \_\_\_\_\_