



**Universal Waiver Request: Additional Service Assignment (ASA) Request/Part-Time Faculty (PTF)**

<b>Employee Name</b>		<b>Banner ID</b>		<b>Effective Dates</b>	
----------------------	--	------------------	--	------------------------	--

**Additional Service Assignment (ASA) Reason for Request:**

<input type="checkbox"/>	Home unit approval (all e-classes) <i>(Dean/VP Approval)</i>
<input type="checkbox"/>	Non-Represented Personnel (e-class code EX, MA, C2, C9, D2, D9), holding an additional service assignment <i>(Provost Approval - not required for requests under \$1,000)</i>

**Part-Time Faculty/Instructional Assistant Reason for Waiver Request:**

<input type="checkbox"/>	Master's Degree or Bachelor's Degree, in specialized field e.g. Fine Arts <i>(Dean/VP Approval)</i>
<input type="checkbox"/>	9-month (in Fall and Winter) or 12-month employees with an additional service assignment where FTE exceeds 0.25 <i>(Dean/VP Approval)</i>
<input type="checkbox"/>	Faculty or Academic Staff salary exceeds 25% (per semester) of their full-time annual salary for the additional assignment <i>(Dean/VP Approval)</i> Proposed salary amount <input type="text"/>
<input type="checkbox"/>	9-month faculty paid more than 1/3 of their academic year salary during Spring/Summer semester or FTE higher than .49 <i>(Dean/VP Approval)</i>
<input type="checkbox"/>	9-month faculty teaching over 50% in Spring/Summer semester <i>(Dean/VP Approval)</i>
<input type="checkbox"/>	AAUP-AFT represented faculty/academic staff with an additional service assignment for teaching being paid more than \$3,600 per credit hour <i>(Provost Approval)</i>

**List all active assignments for an employee (before proposed additional assignment). Include both full and part-time assignments:**

Primary Assignment Classification	Home Org	FTE	Course number (if applicable)

**List all additional assignment(s) add course information if a teaching assignment:**

Additional Assignment Title/ Course Number	Section Number	Credit Hours	Clock Hours	FTE	Salary



**Detailed justification for waiver (please explain):**

**For non-represented employees, to be paid for additional service, the performance must be deemed extraordinary and beyond the regular position requirements. (See Compensation Guidelines.) List the reason:**

**Requested by:**

**Approved by:**

\_\_\_\_\_  
Chair/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Concurrent Unit Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Concurrent Unit Dean/Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Date