



Staff Teaching Request and Authorization Form
(Authorization must be obtained each term staff member is teaching)

Date:

Name of staff member:

Department:

Normal working hours:

School or College:

Course title and number:

Term:

Location:

Credit hours:

Course days/time:

Staff qualifications/degrees:

To be signed by staff member:

I have reviewed the *Teaching Assignments for Members of the Exempt Staff* policy. 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

Supervisor

Date

Academic Department Chair/Dean Date