

MISSISSIPPI UNIVERSITY FOR WOMEN
Justification & Approval for Staff
to be paid for Adjunct or Additional Duties

*Complete this form and submit for approval **PRIOR** to performing additional duties.*

Name of Employee: _____

Department: _____ Department Phone #: _____

Name of Supervisor: _____

Employee is requesting approval to assume the following responsibilities outside of their department and regular job duties.

Course # or Duty	Department	Start Date	End Date	Days Per Week	Time

CHOOSE ONE

The additional duties will be completed outside of my regular work schedule.

I will use Personal Leave (Must complete an Application for Leave to be filed in department).

I will work a Flex Schedule during the work week. (Must provide flex schedule to supervisor to be filed in department).

Requested by: _____
 Signature of Employee _____ Date _____

Approved by: _____
 Signature of Supervisor _____ Date _____

Completed form should be sent to Human Resources, W-1609, or hrinfo@muw.edu.

<u>HR Use Only</u>	
PAF or Hiring Proposal Received <input type="checkbox"/>	Copy sent to Academic Affairs <input type="checkbox"/> (Academic duties only)