|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |  | Action Taken: *check all that apply* | |
| Lecturer Name: |  | | | Title Code: |  |  |
|  |  | | |  |  |  |  | Fulfilling Contract |
| Academic Year: |  | | | Pay basis: |  |  |  |  |
|  |  | | |  |  |  |  | Increase to Contract |
| Department: |  | | | Salary: |  |  |  |  |
|  |  | | |  |  |  |  | Decrease to Contract |
| Permanent Percent of Appointment: | | % |  | | |  |  |  |
|  | |  |  | | |  |  |  |

* If decrease is being initiated by the lecturer, attach their written request.
* List all courses assigned.
* Attach IWC request if one is not established.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FALL** | **IWC Value** |  | **WINTER** | **IWC Value** |  | **SPRING** | **IWC Value** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **TOTAL IWC:** |  |  | **TOTAL IWC:** |  |  | **TOTAL IWC:** |  |
| **Quarter %:** |  |  | **Quarter %:** |  |  | **Quarter %:** |  |
|  |  |  |  |  |  |  |  |
| *\*Payroll Entry: Use quarter percentage for 9/9; use permanent percentage for 9/12* | | | | | | | |

**Chair’s Justification for Increase or Decrease of Appointment and whether the modification will be temporary or permanent:**

|  |  |
| --- | --- |
|  |  |
| **Chair’s Signature** | **Date** |

|  |  |  |
| --- | --- | --- |
| **Approved:** |  |  |
|  | **Dean’s Signature** | **Date** |

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Your signature indicates your acceptance of the responsibilities and conditions as specified above. All other conditions remain as stated in your original appointment letter.

|  |  |  |
| --- | --- | --- |
| **Approved:** |  |  |
|  | **Lecturer’s Signature** | **Date** |

Return signed copy to Dean's Office

cc: Academic Personnel