

**NEW JERSEY CITY UNIVERSITY
ASSIGNMENT SHEET**

EMPLOYEE INFORMATION		(CHECK ONE) TYPE OF EMPLOYEE	SEMESTER TERM
NAME		<input type="checkbox"/> FACULTY <input type="checkbox"/> ADJUNCT <input type="checkbox"/> OTHER	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II <input type="checkbox"/> SUMMER III YEAR _____
ADDRESS			
SS#	_____ - _____ - _____		

Department/Grant Name	Department/Grant # (IA account #)	CREDITS			Course Reference # (if any)	Course title or assignment description	Time, Day and Location of meeting	ORIGINAL (O) REVISION (R) ADDITION (A) DELETION (D)
		Inload	Overload	Adjunct				
Rate Per Teach. Credit		Total Credits				Total Compensation		
Additional Amount		Deletion Amount				New Total		

****REQUIRED SIGNATURES FOR PROCESSING****

Authorization Personnel	Date	Signature
Dept. Chair/Director/Grant Director		
Dean		
Vice President		
Grant Accountant		
Grant Administration Office		

SEE REVERSE SIDE FOR INSTRUCTIONS