

Adjunct Faculty/Credit Courses PERSONNEL ACTION FORM

Use this form for adjuncts (non LCSC employees) teaching courses for credit

Use Temporary and Adjunct/Non-Credit PA for temporary employees and adjuncts (non LCSC employees) teaching non-credit courses

Use PA for employees with PCNs receiving Payment in Addition

Name

SSN XXX-XX-

Today's Date

Address*

*New hire only

Effective Dates

Begin Date

End Date

Replacement PA - Original Dated _____

Separation - Last Day Worked _____

Complete separate form for each semester

1. PCN	9999
2. Title	Adjunct w/o benefits
3. Division	
4. Total Payment	
5. Budget Code/%	- - - - - %
Budget Code/%	- - - - - %
Budget Code/%	- - - - - %
Budget Code/%	- - - - - %

FOR HUMAN RESOURCE SERVICES USE ONLY			
Old Rate		Old PCN	
New Rate		New PCN	
Object Code: SPA - 4125			
Pay Date	Type of Time	Hours/Payment	ACA Hours

Semester

Subject	Course	Section	Cr.	\$/Credit	\$/Students	#/Students	Total	Replacement
Total Credits					Total Amount			

7. Total Class Hours Taught/Comments:

Flat Amount per Student

Total Amount								

8. Payment Schedule

Adjunct Funding	
Salary	
Fringe	
Total	

Replacement Cost (charged to a salary line)			
PCN	Name	Reason	Cr
Salary			
Fringe			
Total			

Replacement Cost (charged to a salary line)			
PCN	Name	Reason	Cr
Salary			
Fringe			
Total			

ROUTING & APPROVALS

Note: The preparer of this document is responsible for identifying all needed e-mail address. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Prepared by email:

Signatory/Approver	LC State E-mail	Digital ID Signature	Action	
			Disapprove	Approve
Coordinator/Dept. Head/ Director:				
Grants & Contracts (if grant funded):				
Dean:				
Budget Office:				
Human Resource Services:				