

# 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-

**Address\***

\*New hire only

**Today's Date**

**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:

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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:				