

**TH EMPLOYEE –** ADDITIONAL APPOINTMENT FOR INSTRUCTIONAL COMPENSATION ONLY

**APPROVAL REQUEST FORM** (Updated: 08/2018) submit to [provost@uidaho.edu](mailto:provost@uidaho.edu) with CV/Resume

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| Current Appointment Date Range | | | | | | Start | |  | End |  | | Current Hourly Rate | | | | $ | | |
| Current PCN: | | |  | | Current FTE: | |  | | | | | Consecutive Appointment Count: | | | | | |  |
| Name: |  | | | | | | | | | | Primary Department: | | |  | | | | |
| V Number: | |  | | | | | | | | | Primary Job Title: | | |  | | | | |
| Hiring Department: | | | |  | | | | | | | | | | | | | | |
| Hiring Contact Person: | | | |  | | | | | | | Phone #: | |  | | Email: | |  | |

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| **Description of Request Including Justification (Must be fully completed)** | | | | | | | | | | | |
| Period of time: | Begin Date: |  | | End Date: |  | # of Credits: | |  | Course Rate of Pay: |  | |
| Fund Source: |  | | | | Budget: | |  | | | | |
| Enter Info: | Course Begin Time: | |  | | Course End Time: | |  | | Course Days of week: | |  |
| Additional Details: Provide any other relevant information regarding the appointment, work, expectations, etc below. NOTE: CV/Resume is required with the submission of this form. | | | | | | | | | | | |
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| **Subject to approval, signatories of this document agree to the following terms:** |
| This Agreement constitutes the entire agreement between the Parties with respect to the subject matter of this Agreement which is for instruction of academic course(s); it supersedes all prior negotiations, agreements, representations and understandings with respect thereto. This Agreement may only be amended by a written document signed by the Parties.  This Agreement shall be construed and enforced in accordance with the laws of the State of Idaho, without regard to the conflict of laws rules. Any action brought under this Agreement shall be brought within a court of competent jurisdiction in the County of Latah, state of Idaho. If any part of this Agreement is held unenforceable by a court of competent jurisdiction, then such provision will be modified to reflect the Parties’ intention, and all remaining provisions of this Agreement shall remain in full force and effect.  This Agreement will be effective as of the last date of signature by a party to this agreement and will remain in effect until further notice; this Agreement may be terminated by either party with 30 days’ notice. Termination of this Agreement shall not affect the rights granted by one party to the other prior to termination. If the Course Author fails to submit course materials, University reserves the right to cancel or renegotiate this Agreement. |

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| Please obtain all signatures of acknowledgement in this box prior to submission. This change form is subject to the approval by the President of the University or designee (Provost and Executive Vice President) to make the changes effective.  **Work cannot commence prior to final approval and approval is not guaranteed. If payment is from a sponsored project(s) additional approvals may be required for compliance with OMB Circular A-21 regulations regarding charging employees as instructors/consulates to sponsored projects.** | | |
| Hiring Department Supervisor *(if different than primary)* |  | Date |
| Hiring College/Unit Dean *(if different than primary)* |  | Date |
| Primary Department Supervisor |  | Date |
| Primary College/Unit Dean |  | Date |
| TH Employee |  | Date |
| Provost and Executive Vice President |  | Date |

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| **INFORMATIONAL ONLY; below are the EPAF categories provided for your information.** | | |
| Instructional Compensation T1 (PERSI) positions:  USE Title: TH-Instructor/Coach, PCN \*\*9901, Suffix 05, Expense Code E4110 | **Original EPAF Category**: IPFOAP | **Additional Appt. EPAF Category**: IPFAAP (New PCN); or IPAAPP (Previous PCN) |
| Instructional Compensation T4 (Non-Student, Non-PERSI) Positions:  USE Title: TH-Instructor/Coach, PCN \*\*9951, Suffix 05, Expense Code E4110 | **Original EPAF Category**: IHFOAP | **Additional Appt. EPAF Category**: IHFAAP (New PCN); or IHAAPP (Previous PCN) |
| Instructional Compensation ST (Student) Positions:  USE Title: TH-Instructor/Coach, PCN \*\*9951, Suffix 06, Expense Code E4110 | **Original EPAF Category**: IHFOAP | **Additional Appt. EPAF Category**: IHFAAP (New PCN); or IHAAPP (Previous PCN) |

**PROCESSING STEPS:** Route to [provost@uidaho.edu](mailto:provost@uidaho.edu) and include CV/Resume. If approved the Office of the Provost and Executive Vice President will route the entire approved document to [hrepaf@uidaho.edu](mailto:hrepaf@uidaho.edu) and the representative from the college for processing. Work can only commence after the form has been fully approved.