CONTRACT INITIATION
FOR
PART TIME INSTRUCTORS

(Rev 7/2018)

__ Spring
__ Fall
__ Summer
__ Inter-term

Academic Year _____

EMPLOYEE ID#	EMPLOYEE INFORMATION

ALL INFORMATION MUST BE PROVIDED FOR CONTRACT TO BE WRITTEN

FULL LEGAL NAME_____ **SSN**_____
Last **First** **MI**

ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP**_____

NOTE: If employment will be more than 6 months, a Background Check must be done prior to placement on payroll.
New employees need Spoken English assessed on a PER-20 available at http://www.k-state.edu/hcs/forms/docs/per20.pdf

3670085520 SCHOOL OF INTEGRATED STUDIES

POSITION TITLE		**SUBUNIT**	
CLASS NUMBER		**SECTION**	
FULL CLASS NAME		***FTE**	
SHORT CLASS ID		**CREDIT HOURS**	

** DEGREE	SALARY PER CREDIT HOUR	GROSS CONTRACT SALARY	SALARY EXCEPTION
	$	$	$

START DATE		**END DATE**		**50% DROP DATE**	
IS THIS PERSON A CURRENT STATE OF KANSAS EMPLOYEE?	**NO**	**YES**		**IF YES, AGENCY NAME**	

PERSONNEL USE ONLY

PROJECT FIS/FUND ACCOUNT: *NSPT110000-2000-85520*

# OF STUDENTS	BIWKLY SALARY $	# OF PAY PERIODS	PAY PERIOD START/END DATES

APPROVAL SIGNATURES		DATE
DIRECTOR OF INTEGRATED STUDIES		
POLYTECHNIC DEANS OFFICE		
DIRECTOR OF FINANCE		

	I-9: new / reverify		Bkgrd Check done
	Tax Clearance		30 day break in service
	eID		K-4 on file
	PER-20 ECA		Affiliated form
	Direct Deposit		Pos #

* See Percent of Time Chart ** See Salary Guidelines