

ProfEd Assignment Request

Supplemental Earnings

NOTE: This form is for use ONLY by fixed-term faculty whose employment is subject to the terms of the collective bargaining Agreement between CMU and the Union of Teaching Faculty. Use a separate form for each supplemental earnings assignment.

Instructions: When form is complete, digitally sign or type in the appropriate authorizing signature and forward to the next person as an attachment to e-mail.

Routing: Faculty Member > Department Chair or Supervisor > Dean > ProfEd at fasocp@cmich.edu

Faculty Information

Name: _____

Campus ID: _____ Global ID: _____

Semester: [Select Semester] ▼ Year: [Select Year] ▼ **You must select a valid semester and valid year.**

EPN: _____ Course (i.e., MSA 600): _____

Course Title: _____

Class Dates: _____

Location: _____

I certify the following: **You must certify you understand the requirements.**

- I am the above named faculty member, whose employment is subject to the terms of the CMU - Union of Teaching Faculty (UTF) bargaining Agreement.
- I understand that Article 15 of the bargaining agreement reads as follows:
 - o “Employees may be afforded the opportunity of additional earnings from CMU appointments according to the following:
 - During the fall and/or spring semesters when the total of all CMU appointments shall comprise not more than 1.25 FTE, annualized;
 - During the summer term, in which case the total of all CMU appointments shall not exceed 1.50 FTE, annualized.”
- I attest that my supplemental assignments, including the assignment identified above, do not exceed 1.25 FTE, annualized, during the fall and/or spring semesters; and do not exceed 1.50 FTE, annualized, during the summer term.
- I understand that CMU may take whatever steps are necessary to ensure compliance with the terms of the collective bargaining Agreement under which my employment is governed, including making void any contract issued as a result of this application for supplemental assignment.

This form is required by ProfEd/Off-Campus Programs prior to the issuance of a supplemental pay contract.

SIGNATURES:

By signing below, I affirm that the aforementioned information is accurate to the best of my knowledge.

Signature: _____ Date _____
(Faculty Member)

By signing below, you are recommending this Supplemental Assignment be granted.

Signature: _____ Date _____
(Chairperson or Supervisor)

By signing below, you are approving this Supplemental Assignment request.

Signature: _____ Date _____
(Dean)

By signing below, you are approving this Supplemental Assignment request.

Signature: _____ Date _____
(Other)

Return completed forms to Faculty Approval Services, Off-Campus Programs (x3866).
E-mail electronically signed forms to fasocp@cmich.edu, or fax to 989-774-2468.