

# Old Dominion University Adjunct Faculty Approval & Employment Authorization Form

## Instructions

Adjunct faculty may be appointed for up to a three year term of approval. Departments are encouraged to do so in order to reduce administrative paperwork. However, this approval period is not intended to imply a guarantee of employment for the entire approved term. It only indicates the faculty member is eligible for part-time employment any time during the approved term. A copy of the Adjunct Faculty Approval/Employment Authorization Form will be sent to Human Resources to create a payroll record for those designated as being paid in the Payroll Status section. Departments still must complete the On & Off Campus and Non-Credit, Part-time Faculty and Overload Payroll Form to execute payments to the adjunct faculty member. All newly hired employees are required under Federal law to complete an Employment Eligibility Verification form (I-9 form) within 3 days of commencing employment. Failure to complete the I-9 form by the deadline will result in a delay of the first paycheck. Human Resources requires a copy of the adjunct faculty member's Social Security Card be attached to the appointment form. In addition, federal and state tax withholding forms, Direct Deposit Form, Internet Usage Form, the Commonwealth's Policy on Alcohol and Other Drugs form, Conflict of Interest form, Elected Official Disclosure form and the Child Support Disclosure and Authorization form must also be completed. Males must complete the Verification of Registration for Selective Service form. All of the before mentioned forms are available on the Department of Human Resources website. A new Adjunct Faculty Approval/Employment Authorization Form should be completed if a faculty member changes from an unpaid status to a paid status. **Failure to provide original transcripts and/or other credentialing information can result in termination of the Employment Contract.**

## Academic And Professional Preparation Requirements

Old Dominion University's academic and professional preparation requirements for part-time faculty conform to the criteria established by the Commission on Colleges of the Southern Association of Colleges and Schools. The following policy guidance is based on the relevant sections from the Commission's Principles of Accreditation: Foundations for Quality Enhancement and defines the University's policy and procedure with regard to part-time faculty:

- ◆ Faculty teaching general education courses at the undergraduate level: doctoral or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (a minimum of 18 graduate semester hours in the teaching discipline).
- ◆ Faculty teaching baccalaureate courses: doctoral or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (minimum of 18 graduate semester hours in the teaching discipline). At least 25 percent of the discipline course hours in each undergraduate major are taught by faculty members holding the terminal degree—usually the earned doctorate—in the discipline.
- ◆ Faculty teaching graduate and post-baccalaureate course work: earned doctorate/terminal degree in the teaching discipline or a related discipline.
- ◆ Graduate teaching assistants: master's in the teaching discipline or 18 graduate semester hours in the teaching discipline, direct supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations.

Original documentation including official transcripts, current CV, & other applicable documentation must be provided with the Adjunct Faculty/Employment Authorization Form to the Office of Institutional Effectiveness and Assessment. Failure to provide these documents may result in adjustment of appointment term.

## Rank

Adjunct Professor  
Adjunct Associate Professor  
Adjunct Assistant Professor  
Adjunct Instructor  
Adjunct Assistant Instructor

Adjunct Research Professor  
Adjunct Research Associate Professor  
Adjunct Research Assistant Professor

Adjunct Community Professor  
Adjunct Community Associate Professor  
Adjunct Community Assistant Professor  
Adjunct Community Instructor  
Adjunct Community Assistant Instructor

Executive-In-Residence  
Performer-In-Residence  
Artist-In-Residence  
Writer-In-Residence

Adjunct Clinical Professor  
Adjunct Clinical Associate Professor  
Adjunct Clinical Assistant Professor  
Adjunct Clinical Instructor  
Adjunct Clinical Assistant Instructor

All individuals appointed as Adjunct Faculty must be assigned an appropriate rank in accordance with the Policy and Procedures Concerning Academic Rank and Promotion in Rank in The Faculty Handbook.

Those hired to perform non-teaching academic support duties (i.e., summer camp assistants, lab assistants, musical accompanists, graders, exam proctors) should be designated as Academic Assistants. They will not be assigned an academic rank and should not be considered as holding an adjunct faculty appointment. Normally they should be paid out of sub account 4031 on a Temporary Employment Payroll Form.

Send to the Office of Institutional Effectiveness and Assessment

Megan Smith - 2202 Spong Hall - [m4smith@odu.edu](mailto:m4smith@odu.edu) - 757-683-4650

Revised 04/05/2017

**FOR OFFICE USE ONLY:**

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It is hereby recommended that the following individual be appointed/reappointed as an adjunct faculty member at Old Dominion University in the:

College of: \_\_\_\_\_

Department/School of: \_\_\_\_\_ Mail Drop Code: \_\_\_\_\_

Budget Code: \_\_\_\_\_ Position #: \_\_\_\_\_ University Identification #: \_\_\_\_\_

Last name First Name Middle Initial Date of Birth

Street Address City State Zip Code

Telephone Email Address Race Race Codes

Payroll Status: Male ☐ Female ☐  
☐ Paid by the University ☐ U.S. Citizen  
☐ Not Paid by the University ☐ Resident Alien  
☐ Non-Resident Alien

**For Academic Affairs Completion**

SS Card Received: \_\_\_\_\_

I-9 Complete: \_\_\_\_\_

I-9 Expires: \_\_\_\_\_ (If Applicable)

☐ New Appointment (attach vita/resume, official transcript & social security card)  
☐ Reappointment (attach an updated vita/resume & transcript if applicable)  
Term of Approval: \_\_\_\_\_  
Begin Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Rank: \_\_\_\_\_ (See Instructions on page 1)

**Certified for Graduate Instruction?**

☐ Yes  
☐ No  
If yes, attach copy of certification form.

Academic and Professional Preparation (Please see Instructions for explanation)

Conferring Institution: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ Date Conferred: \_\_\_\_\_ Degree y kj lp "f uek r ine\*: ☐ Yes ☐ No

\*\*\*\*\* If no: 18 i raduate uemester j ours in discipline\*: ☐ Yes—Complete worksheet 1 ☐ No—Complete worksheet 1 & 2

Original, official transcript attached: ☐ Yes ☐ No \*Referring to the discipline within which the appointee will be teaching

If yes, is the transcript international? ☐ Yes ☐ No

If yes, is the transcript issued in English? ☐ Yes ☐ No

Specify discipline or courses to be taught: \_\_\_\_\_

Purpose of Appointment (if non-teaching): \_\_\_\_\_

Recommended By: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_  
Approvals: Dean \_\_\_\_\_ Date \_\_\_\_\_  
Provost \_\_\_\_\_ Date \_\_\_\_\_

### Worksheet 1 - Graduate Hours within Discipline

Please complete if graduate degree **is not** in the discipline within which they will be teaching —Listing applicable courses from the attached transcript(s) can help facilitate accurate and timely credentialing.

**Name of Appointee:** \_\_\_\_\_

**Teaching Discipline (Prefix):** \_\_\_\_\_

Please indicate the courses, credit hours, and institution granting the appointee **18 or more graduate semester credit hours** in the discipline within which they will be teaching (or equivalent discipline).

**If fewer than 18 hours have been completed**, please complete the table below for the appointee's pertinent completed course (if any), and then also complete **Worksheet 2**.

Graduate Course Prefix, Number, & Title	Semester Credit Hours	Institution Granting

If needed, insert additional pages OR write “see attached” and attach a photocopy of the transcript with each applicable course highlighted. If course titles are not given on the transcript, please include those in the table provided.

Signatures for Certification:

Date:

Chair/Director:		
Dean:		

SACSCOC Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Worksheet 2 - Alternative Qualifications

Complete if the appointee does not have a graduate degree in the discipline within which they will be teaching **and** does not have 18 graduate credit hours in the discipline within which they will be teaching, **or** does not have a graduate degree in any discipline.

**Name of Appointee:** \_\_\_\_\_

**Teaching Discipline (Prefix):** \_\_\_\_\_

**Course Prefix, Number, and Title:** \_\_\_\_\_

Course description and/or expected learning outcomes:

Please check ALL "Alternative Qualifications" that apply, enter course information, and provided a detailed narrative that addresses each qualification checked. Indicate the dates for each qualification and clearly describe the relationship between these qualifications and the course content and/or expected outcomes of the specific course(s) to be assigned to the faculty member. Supporting documents (i.e., copies of licenses and certifications) must be submitted with this form. In any graduate coursework in the discipline (or a related field) had been completed, please complete Worksheet 1. If needed, insert additional pages and write "see attached" below to add additional information.

<b>Alternative Qualifications:</b>  Check all that apply	<input type="checkbox"/> Related Work Experience	<input type="checkbox"/> Documented Teaching Excellence in Discipline
	<input type="checkbox"/> Professional Licensure or Certification	<input type="checkbox"/> Honors, Awards, or Special Recognition
	<input type="checkbox"/> Special Training	<input type="checkbox"/> Other Competencies or Achievements
	<input type="checkbox"/> Research and Publications	<input type="checkbox"/> Other _____

**Narrative describing each qualification checked above and its relationship to the course content and/or outcomes:** (attach additional pages if needed)

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Date:

Chair/Director:		
Dean:		

SACSCOC Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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