GOSHEN COLLEGE

Adjunct Payroll Form

Employee Name: _____   GC ID #:_____

Department: _____ Building: _____ Room #: _____

Position Title: _____   Amount/credit hour: _____

Classification: __Teaching Faculty__   No. of credit hours: _____

Category: __Adjunct_____   Total Salary: _____

Start Date: _____   Account No. _____

End Date: _____   Account No._____

Department Chair: _____   Dept. Chair ID #: _____

Dean _____   Date _____

HR _____   Date _____