CROSS DIVISIONAL EMPLOYMENT APPROVAL

**(This form is applicable to Full-Time Employees ONLY)**

# TO: Return completed form to - *(Requesting Department Chair or Supervisor)*

|  |  |  |  |
| --- | --- | --- | --- |
| THRU: |       | [ ]  Approved |       |
|  | Faculty or Staff’s Dean or Associate Vice President | [ ]  Unapproved | (Initials / Date) |

|  |  |  |  |
| --- | --- | --- | --- |
| THRU: |       | [ ]  Approved |       |
|  | Faculty or Staff’s Division Chair or Director | [ ]  Unapproved | (Initials / Date) |

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| --- | --- | --- | --- |
| THRU: |       | [ ]  Approved |       |
|  | Faculty or Staff’s Department Chair or Supervisor | [ ]  Unapproved | (Initials / Date) |

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| --- | --- | --- | --- |
| THRU: |       | [ ]  Approved |       |
|  | Requesting Dean or Associate Vice President | [ ]  Unapproved | (Initials / Date) |

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| --- | --- | --- | --- |
| THRU: |       | [ ]  Approved |       |
|  | Requesting Division Chair or Director | [ ]  Unapproved | (Initials / Date) |

|  |  |
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| FROM: |       |
|  | Requesting Department Chair or Supervisor |

|  |  |
| --- | --- |
| DATE: |       |

|  |  |  |
| --- | --- | --- |
|       | has agreed to teach/work |       |
| (Name) |  | (Course/Position) |

|  |  |  |  |
| --- | --- | --- | --- |
| which is scheduled to begin |       | and end |       |
|  | (Month/Day/Year) |  | (Month/Day/Year) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The class/work will occur each |       | from |       | to |       |
|  | (Day of Week) |  | (Time) |  | (Time) |

Please review to determine if there is any conflict with this individual’s regular assigned duties. The requested teaching/working duties must not conflict with staff member’s normal duty hours.

cc: Dean or AVP of Faculty/Staff (if applicable)

 Dean or AVP of Requestor

 Division Chair or Director of Faculty/Staff

 Division Chair or Director of Requestor

 Department Chair or Supervisor of Faculty/Staff