



*SUMMER _____
YEAR _____

SUMMER ACADEMIC WORK AUTHORIZATION FORM

Complete all applicable sections below.

**Required*

*NAME

*DEPARTMENT

*DIVISION

*ESTIMATED # OF HOURS

*ASSIGNMENT TITLE

(Identify the role under which summer work is being performed, i.e. Curriculum Chair, Accreditation Coordinator, or general faculty assignment)

NON-TEACHING FACULTY ASSIGNMENTS

GENERAL DESCRIPTION OF THE NATURE OF THE WORK PERFORMED (Per the Collective Bargaining Agreement (2024-27) – [Article 4.8.2.d](#))

*ACCOUNTING CLASSIFICATION

GRANT/BUDGET NAME	FUND	RESOURCE	CATEGORICAL	ACTIVITY	OBJECT	DEPT/LOC
					1312	

*SUPERVISING MANAGER APPROVAL

Supervising Manager initiates and signs form via AdobeSign. Cc the Vice President of Academic Affairs, Instructor, Dean of Academic Affairs, Division Secretary, and Division Dean (if they are not the supervising manager).