

# Rutgers Health Sciences

## Secondary Assignment Request for Faculty

Initial Secondary Assignment

Request for Reappointment

Faculty Member's Last/First Name, Degree:	Employee ID:
<b>PRIMARY</b>	<b>SECONDARY</b>
School:	School:
Department/Division:	Department/Division:
Academic Title:	Academic Title:
FTE:	FTE:
Location/Campus:	Location/Campus:

**Duties:**

If Teaching: Course Title:	Course Credits:
Hours of the Day:	Days of the Week:

Payment Terms (Choose One)		
Hourly Rate:	Per Credit Rate:	Lump Sum Rate:

Term of Assignment (Dates):

REQUIRED APPROVAL SIGNATURES	
Requesting Department Administrator/Chair:	Date:
Requesting Principal Investigator/Project Director (if applicable):	Date:
Requesting School Dean:	Date:
Home Department Chair or other Direct Supervisor:	Date:
Home School Dean:	Date:

Unit:	Division:	Org:	Project #:	Bus. Line:	Percent :	Amount:
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Fiscal Officer Approval:					Date:	

RBHS Faculty Affairs Approval: Date:

Payment Type:	Time & Labor (Contact Primary School T&L Preparer)	Secondary Assignment (Submit Secondary Assignment FTF for UHR)
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