

# Rutgers Biomedical and 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 Hourly Rate:	Per Credit Rate:	Lump Sum Rate:
Term of Assignment:		

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

Director, RBHS Faculty Affairs:	Date:	
Payment Type:	Time & Labor (Contact Primary School T&L Preparer)	Secondary Assignment (Submit Secondary Assignment FTF for UHR)