

NEW MEXICO HIGHLANDS UNIVERSITY

Office of Academic Affairs, PO Box 9000, Las Vegas, NM 87701

EMPLOYMENT AGREEMENT - SUMMER SESSION SCHOOL OF SOCIAL WORK -- FIELD CONSULTANT

Date/Time Field

Name (First and Last)

Banner ID @ Email Address

Address

City State & Zip

CRN1 Course No.

Course Name # of Students

Begin Date End Date Amount

CRN2 Course No.

Course Name # of Students

Begin Date End Date Amount

New Mexico Highlands University is pleased to offer you a temporary appointment.

This agreement **may be terminated or modified** by the University due to inadequate enrollment or by mutual consent of the parties. Upon your acceptance, this employment agreement must be returned to the Office of Academic Affairs within 10 working days of the date of this agreement. Failure to return the signed employment agreement or provide notification within 10 working days, may result in payment delays. I have read this Employment Agreement and agree to the provisions thereof.

Signature of Appointee Date

Dean/Associate Dean Date

Immediate Supervisor Date

Vice President for Academic Affairs Date

FUND	<input type="text"/>	ORG	<input type="text"/>	ACCT	<input type="text"/>	PROG	<input type="text"/>
For Office Use Only							

FTE	<input type="text"/>	Position Number:		Entered for Payment			