

NEW MEXICO HIGHLANDS UNIVERSITY

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

CONTINUING EDUCATION UNITS (CEUs) ADJUNCT FACULTY Per-Course Employment Agreement

Date/Time Field

Name (First and Last)

Banner ID @ Email Address

Address

City State & Zip

Course/Workshop Name

Begin Date End Date Amount

New Mexico Highlands University is pleased to offer you a supplemental appointment to teach the above course, which will be paid in bi-weekly installments.

This agreement **may be terminated or modified** by the University due to inadequate enrollment or by mutual consent of the parties. Your acceptance is indicated by your signature below. 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

Chair Date

Immediate Supervisor Date

Dean 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				NMHU Research Office _____			
FTE	<input type="text"/>	Position Number: _____		Entered for Payment: _____			