

**New Jersey City University
Assignment Sheet**

EMPLOYEE INFORMATION		(CHECK ONE) TYPE OF EMPLOYEE	SEMESTER TERM	
NAME		- FACULTY - ADJUNCT - OTHER	- FALL - WINTER - SPRING - SUMMER I - SUMMER II - SUMMER III	YEAR _____
ADDRESS				
Gothic ID				

Department / Grant Name	Department/Grant # (IA account #)	CREDITS			Course Reference # (if any)	Course title or assignment description	Time, Day and Location of meeting	ORIGINAL (O) REVISION (R) ADDITION (A) DELETION (D)
		In load	Overload	Adjunct				
Rate Per Teach. Credit		Total Credits			Total Compensation			
Additional Amount		Deletion Amount			New Total			

****REQUIRED SIGNATURES FOR PROCESSING IN SEQUENTIAL ORDER****

1. Dept. Chair/Director/Grant Director _____ Date _____

4. Grant Accountant _____ Date _____

2. Dean _____ Date _____

5. Vice President _____ Date _____

3. Grants Administration Office _____ Date _____