

SENIOR AFFILIATE FACULTY NOTICE OF SCHEDULE

This form is for use by departments when re-employing a Senior Affiliate Faculty (SAF) member under the MTSU Post Retirement Service Program. Please submit a completed form to Human Resources each semester if you are participating as an academic faculty) and each fiscal year if you are a twelve-month fiscal year faculty in which the SAF is providing service. The original approved PRSP agreement is on file in the Office of Human Resources.

EMPLOYEE NAME _____ M# _____

DEPARTMENT: _____

INDEX: _____ POSITION NO: _____

PRSP EMPLOYMENT

OBLIGATION: _____ through _____

CURRENT PERIOD

OF EMPLOYMENT: _____

Academic Year Participants – _____ (Enter Semester/Year)

Fiscal Year Participants – _____ (Enter MM/DD/YY)

INSTRUCTIONAL HOURS: Please provide the requested information below to be taught by this appointee:

COURSE NO.: _____	CREDIT/NON-CREDIT HRS. _____
COURSE NO.: _____	CREDIT/NON-CREDIT HRS. _____
COURSE NO.: _____	CREDIT/NON-CREDIT HRS. _____
COURSE NO.: _____	CREDIT/NON-CREDIT HRS. _____
COURSE NO.: _____	CREDIT/NON-CREDIT HRS. _____

NON-INSTRUCTIONAL HOURS: _____

To be completed by the Office of Human Resources

Salary \$ _____ Insurance Supplement \$ _____ Index: _____

Authorization

Date