



ADJUNCT/HIGH SCHOOL PROGRAM FACULTY CONTRACT

SUNY Delhi has approved you as an instructor in the **College in High School Program**:

Full Name: <input style="width:90%;" type="text"/> SSN: <input style="width:90%;" type="text"/> School Name: <input style="width:90%;" type="text"/> Phone Number: <input style="width:90%;" type="text"/>	Semester: <input style="width:90%;" type="text"/> Dates: <input style="width:90%;" type="text"/> Department: Continuing Education/Enrollment Services Account #: -----
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Course Number	Section	CRN	Title	Lecture Hours	Lab Hours*	Rate/Credit Hour	Sub-Total
						0	0
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* Lab hours are compensated at 2/3 credit hour rate – **n/a for College in HS instructors**

Grand Total:

0

The above assignment is for full conduct of the course(s) and includes all instruction appropriate to teach the course and to the duties of each faculty member, as outlined in SUNY Delhi's Personnel Policies and the collective Agreement between the State of New York and United University Professions which are incorporated by reference into this contract. Pursuant to Article 23 of that Agreement, you will be eligible to accrue sick leave and no vacation leave. Please report to the Office of Human Resources and Affirmative Action to complete appropriate forms and obtain a copy of the Policies of the Board of Trustees.

This temporary appointment may be terminated at will by SUNY Delhi and is limited to the period stated above. No contractual agreement or commitment exists between SUNY Delhi and you beyond this period, nor does this appointment establish any priority for future appointments. The offer is subject to and in accordance with the laws of the State and the Policies of the Board of Trustees. SUNY Delhi reserves the right to cancel the class(es) if enrollment does not justify the offering.

Please be sure that an official transcript(s) of your academic record and/or any special certificates are sent to the Continuing Education/Enrollment Services Office 30 days from the date this contract is signed by you. Failure to do so may result in termination of your appointment.

Your signature below and the return of this contract constitute your acceptance of the above conditions as the complete and entire agreement between the parties. Please keep a **copy** for your records and return a signed copy of this form to the Continuing Education/Enrollment Services Office.

Instructor Signature

Date

SUNY Delhi Continuing Education

SUNY Delhi Provost