

Volunteer State Community College

FLAC Adjustment Form

This form is used to report adjustments required on a faculty member who is working a partial contract term due to termination or who is completing a vacated term contract. **This form must be submitted to Payroll upon completion.**

Division:		Date:	
Faculty Name:		Faculty ID:	
Course(s):		Term:	

Check appropriate box:

Outgoing – **(Complete A only)** Faculty unable to complete contract due to personal or institutional reasons.

(Attach a copy of the original acknowledged contract from Self-Service Banner)

Incoming – **(Complete B only)** Faculty completing contract for faculty who was unable to complete contract.

Outgoing Faculty Name: _____

A. Outgoing Faculty Information:

- 1) Last day worked: 1) _____
- 2) Number of sessions taught: 2) _____
- 3) Number of sessions required to teach for full contract term: 3) _____
- 4) Percent of contract (Line 2/Line 3): 4) _____
- 5) Total on original contract: TLE _____ Compensation 5) _____
- 6) Total for partial contract: (Line 4*Line 5) TLE _____ Compensation 6) _____

Payroll use only – Self-Service date changes & Amounts: _____

B. Incoming Faculty Information:

- 1) First day worked: 1) _____
- 2) Number of sessions to be taught: 2) _____
- 3) Number of sessions required to teach for full contract term: 3) _____
- 4) Percent of contract (Line 2/Line 3): 4) _____
- 5) Total of full contract: TLE _____ Compensation 5) _____
- 6) Total for partial contract: (Line 4*Line 5) TLE _____ Compensation 6) _____

Payroll use only – Self-Service date changes & Amounts: _____

Comments: _____

Approval Signatures:

Dean _____

Date _____

VP Academic Affairs _____

Date _____