

**UH MAUI COLLEGE NON-CREDIT CASUAL/OVERLOAD REQUEST
FORM20**

Job Order No. _____

I. Type of BOR Appointment: _____

II. Appointment Information:

Requesting Department/Program: _____

Contact Person: _____ Contact No. _____

Supervisor (TAPS): _____ Contact No. _____

Account Code(s) to Charge: _____

Appointment Period: **FROM:** _____ **TO:** _____

Number of Hours: _____ **per week/total**
(Check per week or total)

Requested Rate of Pay _____ **Hourly/Monthly** **OR** _____ Flat Fee
(Check per hourly or monthly)

III. How was pay rate determined:

IV. Description of Duties (Attach Letter of Agreement (LOA):

V. Justification for appointment and impact if not approved:

VI. Approval of appointment:

REQUESTOR: _____
Program Coordinator _____ Date _____

DEAN/PROGRAM DIRECTOR: _____
Dean/Program Director _____ Date _____

PRINCIPAL INVESTIGATOR (PI): _____
Principal Investigator _____ Date _____

HUMAN RESOURCES: _____
Human Resources Manager _____ Date _____

FISCAL OFFICER(S): _____
Fiscal Officer _____ Date _____

Office of Extramural Program _____ Date _____

CHANCELLOR: _____
Chancellor _____ Date _____

Name of Selectee: _____