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☐ New Contract

☐ Revised Contract

Letter of Justification Attached

COLLEGE OF AGRICULTURAL SCIENCES

36-Week Appointment Work Contract

Fiscal Year

Name _____ PSU ID No. _____

Unit _____

Function Split: (Please compare to your submitted Percent Assignment Form to assure they agree.)

____% Resident Education ____% Research ____% Extension ____% Function Outside of College

____% Function Split Total (cannot be greater than 100)

☐ One Week Per Month Off

☐ Summer Off

_____ # of weeks off	_____ # of weeks off	_____ # of weeks off	_____ # of weeks off
_____ # of weeks off	_____ # of weeks off	_____ # of weeks off	_____ # of weeks off
_____ # of weeks off	_____ # of weeks off	_____ # of weeks off	_____ # of weeks off

_____ Total weeks off (may not exceed 12 weeks)

Signed _____ _____
Faculty Member Date

Approved _____ _____
Unit Leader Date

Signatures to be obtained by the Dean's Office: Contract Start Date _____

Approved _____ _____
Associate Dean Undergraduate Education Date

Approved _____ _____
Associate Dean Research Date

Approved _____ _____
Associate Dean Extension Date

Approved _____ _____
Dean Date

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