



## 36-Week Appointment Work Contract

New Contract       Revised Contract

*Letter of Justification Attached*

Name \_\_\_\_\_ PSU ID No. \_\_\_\_\_

Unit \_\_\_\_\_

Effective Date: \_\_\_\_\_

Function Split: *Please compare to your submitted Personnel Assignment Form (PAF) to ensure they match*

\_\_\_\_ % Resident Education    \_\_\_\_ % Research    \_\_\_\_ % Extension

\_\_\_\_ % Function Outside of College    \_\_\_\_ % Function Split Total (cannot be greater than 100)

One Week Per Month Off

Summer Off (mid-May through Mid-August)

\_\_\_\_ Total weeks off (may not exceed 12 weeks)

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**Dean's Office Approval:**

Associate Dean Undergraduate Education \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean Research \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean Extension \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_