

Rutgers Biomedical and Health Sciences

Secondary Assignment Request for Faculty

Initial Secondary Assignment

Request for Reappointment

Faculty Member's Last/First Name, Degree:	Employee ID:
PRIMARY	SECONDARY
School:	School:
Department/Division:	Department/Division:
Academic Title:	Academic Title:
FTE:	FTE:
Location/Campus:	Location/Campus:

Duties:		
If Teaching: Course Title:	Course Credits:	
Hours of the Day:	Days of the Week:	
Payment Terms Hourly Rate:	Per Credit Rate:	Lump Sum Rate:
Term of Assignment:		
REQUIRED APPROVALS		
Requesting Department Administrator/Chair:		Date:
Requesting Principal Investigator/Project Director (if applicable):		Date:
Requesting School Dean:		Date:
Home Department Chair or other Direct Supervisor:		Date:
Home School Dean:		Date:

Unit:	Division:	Org:	Project #:	Bus. Line:	Percent :	Amount:
Unit:	Division:	Org:	Project #:	Bus. Line:	Percent:	Amount:
Fiscal Officer Approval:						Date:

Director, RBHS Faculty Affairs:		Date:
Payment Type:	Time & Labor (Contact Primary School T&L Preparer)	Secondary Assignment (Submit Secondary Assignment FTF for UHR)