

VINCENNES UNIVERSITY

STAFF APPROVAL TO TEACH BY SUPERVISOR

(Must be completed each semester staff teaches credit courses)

Printed Name: _____

VU Position: _____

Assigned work schedule: _____

Semester scheduled to teach: _____

Course, Section and CRN: _____

Class days and begin/end time: _____

Please check one of the following:

- I am teaching this course as part of my assigned duties.
- I am teaching this course in addition to my assigned duties and outside of normal duty hours.
- I am teaching this course in addition to my assigned duties and have adjusted my normal duty hours as follows:

Revised work hours:

(This is required for those who have adjusted regularly scheduled work hours in order to teach.)

If additional instructional time is needed, a revised work schedule should be arranged between the supervisor and staff member.

Staff Signature

Date

Supervisor Signature

Date

After all signatures have been obtained, please forward to the Provost's Office.

Email to: needprovostapproval@vinu.edu