



ADJUNCT INSTRUCTOR APPROVAL FORM

ACTION: (circle one)	
New Hire	Re Hire*
	Supplemental
*If supplemental no attachments needed	

Attached are the Résumé/CV, Credentials Evaluation Form, Student Roster, and Transcript of the highest degree completed for the following instructor who is being recommended to teach the following courses:

Torres D. Bell

Instructor's Name (Please Print)

Colleague ID (if available)

RC Online

Department and Area of Specialty (i.e. History/Computer Science)

And/or

Course #(s) and Name(s) (i.e. Math 251)

The recommended length of employment is from Aug 12, 2024 to Dec 20, 2024. This recommendation is made by Torres D. Bell.

The recommended budget from which the salary or stipend is to be paid is department ROnline and account number 11-00000-061101-55342.

The salary or wage recommended is \$250.00 per student. The total salary for the period is Fall 2024. Please see attached roster.

The attached documents have been reviewed and it is in the opinion of the immediate undersigned that this individual is approved to be a part time Adjunct Instructor for the above named courses/program at Rust College, contingent upon a successful background and reference check. Please indicate approval by printing your name and signing this Adjunct Instructor Approval Form.

Date Department Chair

Date Dean

Date Vice President of Academic Affairs

Date Human Resources (Order background check, if applicable)

Date President

Date Human Resources

Colleague User Access Form

Instructions: Fill out each applicable section of this form to obtain Colleague access. Obtain the appropriate signatures ONLY for the sections that are completed. Only Security Classes that are checked 'Add' will be added to the user's account.

Check One New Account Setup Modify Account
 Disable Account Reason for Modification _____
e.g. Department Change, Increased Access, Name Change, etc.

For Department changes, previous access will be deleted

Section I. All Users Fill Out This Section

Employee Name _____ User ID _____
For modify or disable
 *Position _____ Datatel ID # _____
 Department _____ Extension _____ SSN: XXX - XX -

IMPORTANT

- I will not disclose information that I obtain in performing my duties to anyone who does not require this information in their official capacity.
- I will use Colleague only for the purposes for which I am authorized.
- I will not allow anyone else access to my account or account information, or allow anyone to use my account to access information from the Colleague System

By signing below, I acknowledge that I have read and understand the above policy and will exercise due diligence in performing my duties in accordance with institutional policies. Not complying with policies above could lead to termination.

Employee Signature _____ Date: _____

ERP USE ONLY

User ID _____ Start Password _____

Section II. Employee's Supervisor Authorization - *The supervisor for the requesting employee must sign below.*

Fill out options as applicable

SSN ACCESS (Choose One) Grant Modify Grant Inquiry Restrict

DOB ACCESS (Choose One) Grant Modify Grant Inquiry Restrict

Other _____

Authorizing Supervisor or Department Head Signature _____

Section III. Human Resources Access - Complete this section if your position requires access to the HR application.

Check all that apply

Add	Drop		Add	Drop	
<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Administration and Finance	<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Payroll Manager
<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Department Head	<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Payroll Reconciliation
<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Department Head (with NAE modification)	<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Public Safety
<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Director	<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Support Staff
<input type="checkbox"/>	<input type="checkbox"/>	HR Access for Institutional Research			

If above options are checked, **HR Director's** Signature _____

Colleague User Access Form

Section IV. Student/Academic Access - Complete this section if your position requires access to the ST Application

Check all that apply

Add	Drop		Add	Drop	
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Academic Affairs Deans	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Divisional/Department Clerical
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Academic Affairs Department Heads/Chairs/Directors	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Graduate Dean/Staff
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Academic Affairs-Provost	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Institutional Research
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Academic Affairs Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Library Restrictions
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Academic Success/Student Retention	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for President/VP Support
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Continuing Education/Ft. Wood	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Undecided Advising

If above options are checked, **Vice President, Academic Affairs** Signature _____

Add	Drop		Add	Drop	
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Admissions/Records Directors	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Health Center Staff
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Admissions Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Housing/Student Life
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Counseling/Career Services	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Public Safety
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Dean of Students	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Records Support Staff
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Financial Aid Director	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Student Information Inquiry
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Financial Aid Officer	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Student FA Information Inquiry

If above options are checked, **Vice President, Student Affairs** Signature _____

Add	Drop		Add	Drop	
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Accountant	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Student Account Clerk
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Bursar	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Student Account Counselor
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Cashier	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Student View AR
<input type="checkbox"/>	<input type="checkbox"/>	ST Access for Sponsored Billing	<input type="checkbox"/>	<input type="checkbox"/>	ST Access for VPAF/Controller

If above options are checked, **Vice President, Administration & Finance** Signature _____

Section V. Financial System Access - Complete this section if your position requires access to the CF Application

Check all that apply

Add	Drop		Add	Drop	
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Accountant I	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Grant Accountant
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Accountant II	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Payroll
<input type="checkbox"/>	<input type="checkbox"/>	CREES CF Access for AP Clerk	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Projects Requisitioner
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for AP Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Projects Req. Approver
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Adm. Asst. (for Journal Entries)	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Purchasing Clerk/Buyer
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Approver	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Purchasing Director
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Auditor - External	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Requisitioner
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Budget Officer	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Student Accounts Clerk
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Bursar	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Student Accounts Coordinator
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Cashier	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Warehouse Clerk
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Controller	<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Warehouse Supervisor
<input type="checkbox"/>	<input type="checkbox"/>	CF Access for Facilities Manager			

If above options are checked, **Vice President, Administration & Finance** Signature _____

VPAF Use Only

GLUD Assigned Role(s) _____

VPAF Signature _____

Needs ERP Attention Date Entered _____ Entered by: _____