

Adjunct Faculty Approval & Employment Authorization Form



Instructions

Adjunct faculty may be appointed for up to a three year term of approval unless otherwise approved. Departments are encouraged to do so in order to reduce administrative paperwork. However, this approval period is not intended to imply a guarantee of employment for the entire approved term. It only indicates the faculty member is eligible for part-time employment any time during the approved term. A copy of the Adjunct Faculty Approval & Employment Authorization Form will be used to create a payroll record only for those designated as being paid. Departments will still need to process payments for courses in the Faculty Load & Compensation (FLAC) module, and for full-time administrators or staff with adjunct appointments, a Course Payroll Form (4027) with the approval of the individual's supervisor must also accompany that pay action in FLAC. All newly part-time faculty must complete all hiring documents in the University's on-boarding system. Appointees will not be able to be assigned to courses in Banner until work authorization (if paid) and a background check have been completed (for paid and unpaid). **All documents in on-boarding will need to be completed at least 10 days prior to the start date to ensure a timely start.** A new Adjunct Faculty Approval & Employment Authorization Form should be completed if a faculty member changes from an unpaid status to a paid status or if they are appointed to a different academic department. Sponsoring non-academic units (such as ODUGlobal) may submit recommended faculty to an academic department/school, but they must be credentialed and approved by the academic unit. **Failure to provide original transcripts and/or other credentialing information can result in termination of employment/employment eligibility.**

Teaching Load & Part-Time Employee Status

In compliance with federal guidelines, adjunct faculty must be kept at no more than 29 hours of effort per week (or 0.75 full-time equivalency). As a resource, you may use the [Adjunct Faculty FTE Worksheet](#) to calculate the full-time equivalency of the faculty member's teaching and additional required effort for their appointment. If an appointment of an adjunct faculty member exceeds the federal guidelines to be qualified as part-time or if their teach load exceeds 9 credits (Fall), 9 credits (Spring), or 6 credits (Summer), a request for consideration should be sent to aafacultyemployment@odu.edu.

Academic & Professional Preparation Requirements

Old Dominion University's academic and professional preparation requirements for part-time faculty conform to the criteria established by the Commission on Colleges of the Southern Association of Colleges and Schools. The following policy guidance is based on the relevant sections from the Commission's Principles of Accreditation: Foundations for Quality Enhancement and defines the University's policy and procedure with regard to part-time faculty:

- ◆ Faculty teaching general education courses at the undergraduate level: doctoral or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (a minimum of 18 graduate semester hours in the teaching discipline).
- ◆ Faculty teaching baccalaureate courses: doctoral or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (minimum of 18 graduate semester hours in the teaching discipline). At least 25 percent of the discipline course hours in each undergraduate major are taught by faculty members holding the terminal degree—usually the earned doctorate—in the discipline.
- ◆ Faculty teaching graduate and post-baccalaureate course work: earned doctorate/terminal degree in the teaching discipline or a related discipline.
- ◆ Graduate teaching assistants: master's in the teaching discipline or 18 graduate semester hours in the teaching discipline, direct supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations.

Original documentation including official transcripts, current CV, & other applicable documentation must be provided with the Adjunct Faculty/Employment Authorization Form to the Office of Institutional Effectiveness and Assessment. Failure to provide these documents may result in adjustment of appointment term.

Rank

Adjunct Professor
Adjunct Associate Professor
Adjunct Assistant Professor

Executive-In-Residence
Performer-In-Residence
Artist-In-Residence
Writer-In-Residence

All individuals appointed as Adjunct Faculty must be assigned an appropriate rank in accordance with the Academic Rank and Criteria for Ranks in the [Old Dominion University Teaching and Research Faculty Handbook](#).

Those hired to perform non-teaching academic support duties (i.e., summer camp assistants, lab assistants, musical accompanists, graders, exam proctors) should be designated as Academic Assistants. They will not be assigned an academic rank and should not be considered as holding an adjunct faculty appointment. Normally they should be paid out of subaccount 4031 on a Temporary Employment Payroll Form.

It is hereby recommended that the following individual be appointed/reappointed as an adjunct faculty member at Old Dominion University in the:

College/School of: _____

Department/School of: _____ Dept/School Budget Code: _____

Sponsoring Budget Code (if applicable): _____ Position Code: _____ UIN: _____

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____ Please Select Sex _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____ Please Select Race _____ Please Select Ethnicity _____

Payroll Status:

- ☐ Paid by the University ☐ Does not require University sponsorship
☐ Not Paid by the University ☐ Does/will require University sponsorship

Telework Status:

- ☐ Fully Remote Appointment (Will Never Come to Any Campus Facility)

Appointment Type:

- ☐ New Appointment (attach vita/resume, official transcript)
☐ Reappointment (attach an updated vita/resume & transcript if applicable)

For Academic Affairs Completion

Signed SSC Received: _____
I-9 Complete: _____
I-9 Expires: _____ (If Applicable)
Hire Date: _____ End Date: _____

Terms Requested:

Start: Fall AY26-27
End After: Fall AY28-29
Reason for Other/Specific Date: _____

Certified for Graduate Instruction?

- ☐ Yes
☐ No
If yes, attach graduate certificate

Rank: _____ (See Instructions on page 1)

Academic and Professional Preparation (Please see Instructions for explanation)

Conferring Institution: _____ Major/Discipline: _____

Graduate Degree: _____ Date Conferred: _____ Degree within discipline*: ☐ Yes ☐ No

If no: 18 graduate semester hours in discipline*: ☐ Yes—Complete worksheet 1 ☐ No—Complete worksheet 1 & 2

Original, official transcript attached: ☐ Yes ☐ No

If yes, is the transcript international? ☐ Yes ☐ No

If yes, is the transcript issued in English? ☐ Yes ☐ No

Specify discipline or courses to be taught: _____

Purpose of Appointment (if non-teaching): _____

Recommended By: _____ Date _____
Sponsoring Budget Unit Director (if not academic dept/school)

Department/School Chair/Director _____ Date _____

Approvals: _____ Date _____
Dean

Provost & Executive Vice President for Academic Affairs or Designee _____ Date _____

Credentialing - Credentialing@odu.edu - 757-683-5319

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Send for Signature



Submit to Credentialing



Submit to AA

Worksheet 1 - Graduate Hours within Discipline

Please complete if graduate degree **is not** in the discipline within which they will be teaching —Listing applicable courses from the attached transcript(s) can help facilitate accurate and timely credentialing.

Name of Appointee: _____

Teaching Discipline (Prefix): _____

Please indicate the courses, credit hours, and institution granting the appointee **18 or more graduate semester credit hours** in the discipline within which they will be teaching (or equivalent discipline).

If fewer than 18 hours have been completed, please complete the table below for the appointee's pertinent completed course (if any), and then also complete **Worksheet 2**.

Graduate Course Prefix, Number, & Title	Semester Credit Hours	Institution Granting

If needed, insert additional pages OR write “see attached” and attach a photocopy of the transcript with each applicable course highlighted. If course titles are not given on the transcript, please include those in the table provided.

Signatures for Certification:

Date:

Chair/Director:		
Dean:		

SACSCOC Liaison Signature: _____ Date: _____

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Worksheet 2 - Alternative Qualifications

Complete if the appointee does not have a graduate degree in the discipline within which they will be teaching **and** does not have 18 graduate credit hours in the discipline within which they will be teaching, **or** does not have a graduate degree in any discipline.

Name of Appointee: _____

Teaching Discipline (Prefix): _____

Course Prefix, Number, and Title: _____

Course description and/or expected learning outcomes:

Please check ALL "Alternative Qualifications" that apply, enter course information, and provided a detailed narrative that addresses each qualification checked. Indicate the dates for each qualification and clearly describe the relationship between these qualifications and the course content and/or expected outcomes of the specific course(s) to be assigned to the faculty member. Supporting documents (i.e., copies of licenses and certifications) must be submitted with this form. In any graduate coursework in the discipline (or a related field) had been completed, please complete Worksheet 1. If needed, insert additional pages and write "see attached" below to add additional information.

Alternative Qualifications: Check all that apply	☐ Related Work Experience	☐ Documented Teaching Excellence in Discipline
	☐ Professional Licensure or Certification	☐ Honors, Awards, or Special Recognition
	☐ Special Training	☐ Other Competencies or Achievements
	☐ Research and Publications	☐ Other _____

Narrative describing each qualification checked above and its relationship to the course content and/or outcomes: (attach additional pages if needed)

Signatures for Certification:

Date:

Chair/Director:		
Dean:		

SACSCOC Liaison Signature: _____ Date: _____

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