AUTHORIZATION TO PAY ADJUNCT SCIENTIST OR OCEANOGRAPHER

(Must have appointment as an Adjunct ***prior*** to submitting)

Date: _____

NAME AND TITLE OF ADJUNCT: _____

DATES OF APPOINTMENT:

START DATE: _____

CURRENT EXPIRATION DATE: _____

WHOI DEPARTMENT: _____ **WHOI ADDRESS:** _____

HOME INSTITUTION AND ADDRESS: _____

_____

_____

_____

_____

START DATE OF PAYMENT: _____ **END DATE OF PAYMENT:** _____

*(Must **not** exceed 999 hours)*

SOURCES OF FUNDING: _____ **HOURLY RATE TO BE PAID:** _____

Documentation Of Annual Base Salary From Home Institution Must Be Attached.

ALL ADJUNCT SCIENTISTS AND OCEANOGRAPHERS, WHO WILL RECEIVE A PAYCHECK, MUST CHECK-IN AT HUMAN RESOURCES OFFICE WITHIN THREE (3) DAYS OF PAYMENT START DATE AND BEFORE LEAVING!

APPROVAL:

_____ _____

Dept. Chair/Adm. Mgr. Inviting Date Human Resources Manager Date