

Faculty Calculation

Effective Date:			Hiring Manager:		
Printed Name:					
	Last	First		Middle	_
Job Title:			Dept/Program:		
					_
		Compen	sation		
Years of Direct Experience:			Education:		
Hours above Mas	ster's (if applicable):				
Faculty Scale:					
Pay Type	Amount	For/	Description	Account Number	
Base					
Supplement					
Supplement					
Supplement					
		•	·		
REQUIRED SI	GNATURES:				
			Department Head	Date	
Executive Administrator		Date	Human Resources or Designee Date		_
INSTRUCTIONAL	L ONLY:		FULL-TIME EMPL	OYEES ONLY:	
SACSCOC Compliance Officer		Date	College President Date		