ADJUNCT INSTRUCTOR PAYMENT REQUEST

**MISSISSIPPI STATE FIRE ACADEMY**

**ASSOCIATE INSTRUCTOR (CONTRACT WORKER)**

**INSTRUCTIONAL FEE PAYMENT REQUEST**

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adjunct Instructor Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a change of address? \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE Worked(Example: 01/02/2000) | Work HoursFROM(Example: 6:00 pm) | Work HoursTO(Example: 9:00 pm) | Lunch Period From/To | Total Hours Worked Per Day |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TOTAL HOURS WORKED: \_\_\_\_\_\_\_\_\_\_\_ Hours @ $17.00 / hour** **= $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE ID #:\_\_\_\_\_\_\_**

**COURSE COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WERE TRAVEL EXPENSES INCURRED WITH THIS INSTRUCTION? \_\_\_\_\_\_**

*(Off-Campus Courses Only: IF TRAVEL EXPENSES INCURRED, PLEASE COMPLETE TRAVEL EXPENSE FORM.THIS INCLUDES MILEAGE COSTS INCURRED DURING TRAVEL)*

I CERTIFY THE ABOVE TIME WORKED AND/OR TRAVEL EXPENSES INCURRED ARE TRUE AND ACCURATE AND I HAVE NOT BEEN PAID FOR SUCH:

**ASSOCIATES SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Academy Division Authorization:***

***Approved by staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_***

***Accounting :WIN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pay Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Accounting staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_***