

ADJUNCT INSTRUCTOR PAYMENT REQUEST

**MISSISSIPPI STATE FIRE ACADEMY
ADJUNCT 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 Hours FROM (Example: 6:00 pm)	Work Hours TO (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.)

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

ADJUNCT SIGNATURE: _____ **DATE** _____

Academy Bureau Authorization:

Approved by staff member: _____ *DATE:* _____

Accounting :WIN#: _____ *Pay Date:* _____ *Travel:* _____

Accounting staff signature: _____ *DATE:* _____