

**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 @ \$23.00/ 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:* \_\_\_\_\_