



PART-TIME LECTURER CONTRACT REQUEST

Must be approved by the SRG before the individual's duties commence

PLEASE COMPLETE ONE FORM PER PART-TIME LECTURER

Faculty _____

Department _____

Type of work (please tick as appropriate)

Teaching Teaching/Demonstrator

If teaching, please tick type of contract

Indefinite Fixed Term Casual

Tick if CRB required

Campus
LEICESTER
CHARLES FREARS

Form completed by (print name) _____

Tel. Ext. _____

FOR HUMAN RESOURCES USE ONLY	
Employee Number	
Continuous Service Date	
PSE/Contract Number	
Date Contract Sent	
Date Contract Returned	
Eligibility/Quals Received	
CRB Received	

State reason for casual/fixed term contract:

Please arrange for the following part-time contract to be issued:

Name & Address	Module Codes (Course/Class)	Number of Hours	Inclusive Dates	Cost/Hour	Charge Code (10 characters)
Date of Birth					
NI Number					
Email Address					
Home Telephone Number					
Job No.					
Reports To		Total Number of Hours	Start Date	Contract Cost	
			End Date (casual/fixed term)		

Head of Dept/School/Cost Centre Manager (Signature) _____ Date _____

Payroll Office use only

The above hours have been certified by the Payroll Office

SRG Approval Signature _____

Signature _____ Date _____