**SENIOR AFFILIATE FACULTY** **NOTICE OF SCHEDULE**

This form is for use by departments when re-employing a Senior Affiliate Faculty (SAF) member under the Tennessee Board of Regents Post Retirement Service Program.  Please submit a completed form to Human Resources each semester if you are participating as an academic faculty) and each fiscal year if you are a twelve-month fiscal year faculty in which the SAF is providing service.  The original approved PRSP agreement is on file in the Office of Human Resources.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Index:  \_\_\_\_\_\_\_\_\_\_      POSITION NO:\_\_\_\_\_\_\_\_\_\_\_\_

PRSP EMPLOYMENT

OBLIGATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT PERIOD

OF EMPLOYMENT:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year Participants – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Enter Semester/Year)

 Fiscal Year Participants – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Enter MM/DD/YY)

INSTRUCTIONAL HOURS: Please provide the requested information below to be taught by this appointee:

COURSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           CREDIT/NON-CREDIT HRS.\_\_\_\_\_\_\_

COURSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           CREDIT/NON-CREDIT HRS.\_\_\_\_\_\_\_

COURSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           CREDIT/NON-CREDIT HRS.\_\_\_\_\_\_\_

COURSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           CREDIT/NON-CREDIT HRS.\_\_\_\_\_\_\_

COURSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           CREDIT/NON-CREDIT HRS.\_\_\_\_\_\_\_

NON-INSTRUCTIONAL HOURS:                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **To be completed by the Office of Human Resources**                                Insurance  Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_     Supplement $ \_\_\_\_\_\_\_\_\_\_\_\_  Index: \_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorization               Date |
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