

### Non-Paid Faculty Reporting Form

**Note:** A non-paid faculty is an individual who is listed as instructor of record but is not paid directly by the university.

#### Important Instructions:

1. This form **must be** completed, signed by ALL responsible parties (i.e., Deans, AVPAA, HR Director, Provost Office), and filed in the Provost Office before the **10<sup>th</sup> class day** in fall and spring or **3<sup>rd</sup> class day** during summer. This form will initially be filled out and signed by Deans, then sent to AVPAA for signature, then forwarded to HR Director, then to the Provost Office in that order.
2. Failure to complete these necessary forms **by the due dates listed above** may result in exclusion from certified reports for state funding.

**Calendar Year:** \_\_\_\_\_ **Semester:**  Fall  Spring  Summer

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Empl\_ID:** \_\_\_\_\_  
Last First MI (if known)

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_ **Gender:**  Female  Male

#### Race:

Hispanic  Non-Hispanic  No response

#### Ethnicity:

White  Black  Asian  American Indian/Alaskan Native  
 Hawaiian/Pacific Islander  International

#### Rank (Select only one):

Professor  Associate Professor  Assistant Professor  
 Instructor  Lecturer  Teaching Assistant  Visiting Faculty  Adjunct Faculty  Special  
Faculty  Research Faculty  Clinical Faculty  Instructional Faculty  Assistant Professor/Librarian  
 Other (please specify): \_\_\_\_\_

**College:**  COB  COE  CSE  HSH

# University of Houston Clear Lake

## Institutional Research

**New:**  Yes  No If No, last Semester and Year Taught? \_\_\_\_\_

**Please complete the next two sections only if teaching a class.**

**Classes**—list all classes for which individual is to be listed as the instructor of record:

**Note:** If the table does not provide enough room to list ALL classes, please fill out **only** the additional classes on a **second** non-paid faculty reporting form.

Class Number	Subject	Catalog Number	Section

**Credentials:**

The following credentials should be submitted with this form the first semester an individual is listed as Instructor of Record:

- Official Transcript(s) (required)                       Three Letters of Reference (required)
- Vitae (recommended, not required)

**Indicate Highest Degree Earned:**     BA/BS             MA/MS             Doctorate

**Required Signatures:**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Provost: \_\_\_\_\_ Date: \_\_\_\_\_

HR: \_\_\_\_\_ Date: \_\_\_\_\_