

# ROOSEVELT UNIVERSITY

## Salary Exception Form Part time/adjunct faculty

Semester/Year:

Faculty Member's Name:

RU ID Number:

College/School:

Course(s) Taught This Term:

Current Salary:

Salary Exception Request:

Detailed Reason for Exception:

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Requested by: \_\_\_\_\_

Signature

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

Dean's approval: \_\_\_\_\_

Signature

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

Provost's approval: \_\_\_\_\_

Signature

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

Please attach this signed form, the payroll summary sheet, or add/drop sheet prior to issuing a semester contract. This form must be submitted to Human Resources prior to Provost's approval.

Salary exceptions must be requested and approved each semester.