

### 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 Vice Provost 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: \_\_\_\_\_