

SPECIAL ASSIGNMENT CONTRACT

**ROWAN UNIVERSITY
GLASSBORO, NJ 08028**

Assignment # _____

Position # _____

FUNDING SOURCE:

FOAPALS: Fund _____ Org _____ Program _____

Name and Address:

Date: _____

ID #: _____

Department/Grant Name _____

Beginning Date _____ Ending Date _____

Special Assignment: (attach supporting documents)

Compensation: \$ _____

Signatures:

Director of Program: _____ Date _____

Deans Approval _____ Date _____

Provost/VP Approval _____ Date _____

I accept the terms of the assignment as stated above.

Signature _____ Date _____