

Individual Engagement for Pay in KAUST-Led-Fee-for-Service Activities



Special Programs Course Instructor Request Form

COURSE INSTRUCTOR INFORMATION

Instructor Name: _____

KAUST ID: _____ Division: _____

Program: _____

COURSE TO BE DELIVERED

Course/Module Title: _____

No. of Course Instructors: _____ Location: _____

Class Capacity: _____ Cost Center/PID: _____

No. of Teaching Hours: _____ No. of Days: _____
(day = 8 hrs)

Block/Day Rate (\$): _____ Course Start Date: _____
(mm/dd/yyyy)

Total Amount Payable to Course Instructor (\$): _____ Course End Date: _____
(mm/dd/yyyy)

DESCRIPTION OF WORK (max. 450 characters)

To be completed by Program Director / Supervisor:

1. Is this payment request in accordance with the relevant Policy document, including the Schedule of Delegations and Authorities? **Yes** **No**
2. Is this course included in the Instructors teaching responsibilities to KAUST as part of their employment contract? **Yes** **No**
3. Is this Course Instructor assignment compliant with COI policy and within the 20% (44 days) of a faculty member's total professional effort directed to outside professional activities during the academic year? **Yes** **No**
4. Has the individual been reminded of their obligation to declare this work within 30 days as part of their KAUST COI declaration? **Yes** **No**

Course Instructor:

Name Signature Date

Program Director / Supervisor:

Name Signature Date

Dean:

Name Signature Date

Provost:

Name Signature Date