

# SPECIAL ASSIGNMENT CONTRACT (SALARY VOUCHER)

\*Attach supporting documents to be submitted at the completion of the project  
\*To be paid upon completion of the project

ROWAN UNIVERSITY  
GLASSBORO, NJ 08028

Position # \_\_\_\_\_

**FUNDING SOURCE:**

**FOAPALS:** Fund \_\_\_\_\_ Org \_\_\_\_\_ Program \_\_\_\_\_

Name and Address:

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

ID #: \_\_\_\_\_

Department/Grant Name: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Special Assignment:**

SPECIAL ASSIGNMENT  
CONTRACT NON-STUDENT

**Compensation: \$** \_\_\_\_\_

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**Signatures:**

Director of Program: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

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

Provost/VP Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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I accept the terms of the assignment as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date