

UNT Faculty Augmentation/Task Completion Certification Form

At the conclusion of the Task or Augmentation period for UNT Faculty this form should be submitted to document the completion of work/duties assigned.

This form is to be completed by the department in which the task/augmentation was performed:

Name: _____ EMPLID: _____ Task _____ Augmentation _____

Prepared by: _____ Ext: _____

Supervisor Name: _____ Supervisor Department: _____

Was the Task/Augmentation completed by assignment end date? Yes No

If no please explain:

Were the total number of hours expected for the work to be completed fulfilled?

Yes No

If no please explain:

Was the Task/Augmentation completed satisfactorily? Yes No

If no please explain:

Supervisor Signature: _____ Date: _____

Academic Resources Signature : _____ Date: _____

Please deliver signed form to Academic Resources, Hurley Administration Bldg., Room 370, or email to Academic.Resources@unt.edu