Date				
Adjunct Instructor Hired:		Semester: [] Fall [] Sprin	g [] Intersession [] Summer
Name (please print)		SID # (If available)		
Mailing Address		City/State/Zip		
Phone *Application Completed: [] Yes [] No	Message Phone		
Course(s) to be taught (please	e name each course):	Days	Course Num	nber/Hours
_				/
<u>2.</u>				/
<u>3.</u> <u>4</u>			_	/
т.			_	/
1. 2. 3. 4. Please contact Human Resource paperwork. All adjunct instructors are reconstructed a Valid Social Security Card, passp	rces at ext. 6311 for an app quired to: verprint background check urity card (for payroll purp	pointment to process the necess (H/R will provide necessary for poses) and valid employment identity	sary employment o	and payroll
□ All reference checks in Approved:	must be attached in o	order for the Vice Presid	ent to grant a	pproval.
Division Dean/Director	Date	Vice President		Date
*Employment forms	s will not be processed unt	til an adjunct application pacl	cet has been com	pleted.
Office Use Only				
Received:	<u></u>	Employment/Payroll forms completed:		
Fingerprints scheduled: [] Y		TB Test received:		
Reference checks attached []				
HR: 0020 Rev. 10/2009 (nb) R	Revised for Temporary Use	07/2015		