

ADJUNCT HIRING SHEET

Date: _____

Emergency Hire Per AP 7120

Proposed Start Date: _____

Semester: ___ Fall ___ Spring ___ Intersession ___ Summer

Name (please print)

EID # (If available)

Mailing Address

City/State/Zip

Phone # (Message, Cell)

Email Address

Course(s) to be taught (List Course Title & Number):

Please Note: Lecture/Lab, Lab, Non Instructional, Coach or Sub.

1. _____

2. _____

3. _____

FUNDING INFORMATION (FOAP Code)

Business Services Approval Initials DATE

(Forward to Human Resources after Approval order below)

1. _____

2. _____

Please check box that all reference checks are attached in order for the Vice President to grant approval. To be completed by department prior to approvals.

All adjunct instructors are required to:

- Undergo a Live Scan fingerprint background check (HR will provide necessary forms)
- Provide a valid social security card (for payroll purposes and valid employment identification (driver's license, social security card, passport, etc.)
- Provide a tuberculosis test valid within the past four years.

Approvals:

1. _____
Division Dean/Director (Forward to VP) Date

2. _____
Vice President (Forward to Business Services) Date

3. FOAP Initials above (If missing please send to Business Services) (Following Approval, forward to HR)

***Employment forms will not be processed until an adjunct application packet has been completed.**

Office Use Only: Received: _____ Employment/Payroll forms completed: _____

Fingerprints scheduled: _____ TB Test received: _____ Reference checks attached ___ Yes

Rev. 01/31/2025

