

Adjunct Faculty Hiring Authorization Form

Name (Full Name, including middle initial): _____

Social Security Number: _____ Birth Date: _____

Address (internal use only): _____

Home Phone: _____ (ok to give to students? ___ yes ___ no)

Office Phone: _____ (ok to give to students? ___ yes ___ no)

Fax Number: _____ (ok to give to students? ___ yes ___ no)

E-mail: _____ (ok to give to students? ___ yes ___ no)

Academic Degrees: _____

Teaching Experience: _____

Course Number _____ Section Number _____ Term _____

Course Number _____ Section Number _____ Term _____

Course Number _____ Section Number _____ Term _____

Compensation Rate per Credit Hour: _____

Current Resume on File? ___ Copy of Driver's License and SS card on file? ___

Hired By: _____

Authorized By (Signature): _____ Date: _____