

Start Date: _____

Rate: \$ _____

Adjunct Hire Form

Legal First Name: _____ M.I. _____ Legal Last Name: _____

Email Address: _____

Phone Number: _____

Highest Degree: _____ Year: _____

College/University: _____

Course Information:

Name of Supervisor: _____

☐ Fall ☐ Winter ☐ Spring Year: _____

☐ 15 Weeks ☐ 12 Weeks ☐ 6A ☐ 6B

☐ Summer I ☐ Summer II ☐ Summer III

Campus: _____

Department Name: _____

Title of Course: _____

Budget Number: _____

HR USE ONLY

Colleague ID# _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Sex: M* _____ *F* _____

Phone Number: _____

Ethnicity: _____ *Race:* _____

Emergency Contact: _____

Day Phone: _____ *Evening Phone:* _____