**Employment Recommendation for New Part-Time Instructor Appointment**

**Teaching/Non-Teaching Appointments Cannot Exceed 69% (refer to Moodle)**

***(attach COPY of this completed form, COPY of appointment letter, and COPY of justification, if applicable, to PAF)***

**NOTE: teaching appointments and salary are subject to final determination of classes meeting minimum enrollment**

**Date:**       **Effective Semester/Year:**       **Type of Appointment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (as it appears on Social Security Card):** |       |  | **Rank:** | Part-Time Instructor |
| **Home Mailing Address:** |  |       |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **INDEX** |  | **FUND** |  | **ORG** |  | **PROG** |  | **Amount** |
| **Banner Account #1:** |  |       |  |       |  |       |  |       |  |       |
| **Banner Account #2 *(if applicable)*:** |  |       |  |       |  |       |  |       |  |       |

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| --- | --- | --- | --- | --- | --- | --- |
| **Degree** |  | **Major** |  | **Date (mm/yyyy)** |  | **Institution & Location** |
|       |  |       |  |       |  |       |
| **Degree CIP Code:** |       |  | **CIP Title (Discipline):** |       |
|  |
| **Most Recent Teaching/Work Experience *(attach copy of official transcript w/degree highlighted, if applicable, and CV)*:** |
| Dates: |  | Name of Institution/Employing Agency: |  | Position: |
|       |  |       |  |       |
| Work Mailing Address: |       |
| Phone #: |       | Total Number of Years of  Experience: |       |

|  |  |
| --- | --- |
| **Non-teaching description & justification:** |       |

|  |  |
| --- | --- |
| **Teaching request & justification:** |       |
| **Subj Code** | **Course #** | **CRN** | **Cr. Hrs.** | **% Emp.** | **Enrollment** | **Method** | **Part of Term** | **Salary** |
|       |       |       |       |       |       |  |  | $      |
|       |       |       |       |       |       |  |  | $      |
|       |       |       |       |       |       |  |  | $      |

**To be completed by School/College if teaching appointment for teaching assignment:**

**Does applicant meet SACSCOC qualifications for course(s) to be taught? *Select one box below:***

**NOTE: If *Justification of Faculty Qualifications* is required, approval must be obtained prior to processing the new part-time appointment request (attach copy of justification approval, if applicable). Official transcripts to be maintained in office of the Dean over the course(s) being taught.**

**[ ]** Yes, the individual has a doctorate/terminal degree in the teaching discipline.

**[ ]** Yes, the individual is teaching undergraduate level courses and has a master’s degree in the teaching discipline or master’s degree with a concentration in the teaching discipline.

**[ ]** Yes, the individual is teaching undergraduate or graduate level courses and has a master’s or doctorate degree and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A copy of an **approved** *Justification of Faculty Qualifications* form is attached.

[ ]  Yes, the individual is teaching undergraduate or graduate level courses and has at least **18** hours of graduate coursework and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A copy of an **approved** *Justification of Faculty Qualifications* form is attached.

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|  |  |  |  |
|  School Director’s Approval |  |  |  |
|  |  |  | Date |
|  Dean’s Approval |  |  |  |
|  |  |  | Date |
|  Provost and Vice President for Academic Affairs’ Approval |  |  |  |
|  |  |  | Date |