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GEORGIA SouthWestern STATE UNIVERSITY

REQUEST FOR PART-TIME FACULTY

PRINT FORM

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Academic Affairs

(A Separate Form Should Be Filled Out For Each Section Taught)

Department/School

Academic Semester/Term & Year

CRN #

Course No./Name

Days/Time

Employee's Name

Employee's Social Security No.

Employee's Home Address

Race _____ Sex: ☐ Male ☐ Female

Date of Birth _____ Highest Earned Degree _____

Home Telephone Number: _____ Work Tel. No. _____

Has this person been employed by GSW before? ☐ Yes ☐ No

- Is he/she currently contributing to or receiving a monthly check from the Georgia Teachers Retirement System or the Georgia Employees Retirement System? ☐ Yes ☐ No **** If yes, must provide documentation of same.***

* If no, must enroll in temporary retirement plan (DFCON = Georgia Defined Contribution Retirement Plan)

No. of Hours: _____ = Total Compensation: $ _____

Justification For This Request:

Please submit this form **to Vice President For Academic Affairs at least one week before term/semester begins.** Also, send copy to **GSW Human Resources Office**. Transcripts and CV must be on file in the Vice President for Academic Affairs Office **before** the term begins.

APPROVED:

_____ _____

Department Head Dated

_____ _____

School Dean Dated

_____ _____

Vice President for Academic Affairs Dated

Original - Payroll
Copy - Academic Affairs
Copy - VP Business & Finance
Copy - Human Resources