Office of Human Resources ADJUNCT* / PART TIME PERSONNEL DATA FORM					
*If part-time, complete PER 101 Name (Last)	(First)	(Middle)			
Name (Last)	(FIISt)	(iviidale)			
Date of Birth	Male Female	ŠæroÁų ĭ¦ËàātãorÁp.ÁSSN or C[∥^æ* ˇ^ÁOÖ#			
Present Address		Telephone Number			
City	State	ZIP			
Permanent Address		Telephone Number			
City	State	ZIP			
Who is to be notified in case of Emergency (Name)		Telephone Number			
Address	City	State	Zip		
Current Employer					
IF YOU ARE A TRS RETIREE, PLEASE SEE TRS CARE ACKNOWLEDGEMENT					
Are you currently contributing to TRS? Yes No If Yes, at which school district or institution:					
Please check one: Are you a retiree under a state-supported retirement system? Yes, I am a TRS retiree Yes, I am an educational retiree with an Optional Retirement Program (ORP) Yes, I am a retiree under a non-educational, state-supported retirement system No, I am not a retiree under a state-supported retirement system					
Are you a Social Security retiree?	Yes No				
***Are you receiving an annuity from TRS?	What date did you start receiving a TRS annuity? (mm/yy)				
Yes No		Yes	No		
Degrees	Major	Institution			
	AT-WILL EMPLOYMENT NOTIFICATION	ON			
I,, C[^æt ^ ÁÖ#,, acknowledge by my à^ [¸ Áthat I have been informed that I am an At-Will Employee of the College.		wledge by my signature			
B5.10.5 At-Will Employment: An employee who is employed on an at-will basis shall be employed for an unspecified length of time; shall serve solely at the will of the District; and shall have no right, expectancy, claim, or entitlement to continued employment by the District. The employee's employment may be terminated at any time upon one (1) day's notice to the employee by the immediate supervisor. Adjunct faculty, regular unclassified personnel, hourly personnel, and occasional part-time personnel are customarily employed on an at-will basis.					

Employment is subject to all state and federal laws, the rules, regulations, and directives of the Commissioner of Higher Education, and Board Policy administrative Policy of the District, all as they presently exist as they may be modified or amended from time to time heareafter.

Signature Date

Name:

TO BE COMPLETED BY DEPARTMENT OR DIVISION HEAD						
Date Employee Starts Work:	Position:					
	-		Semester Year			
Phone Number:	Substitute Other Par		Course			
Location: (Bldg/Room)		Puttie (Secretary, Clerk, etc.)				
CHECKLIST (All of the items below MUST be turned in with this form)						
Credential/Non-credential Evalua	ation Summary	☐ Emergency Data Form	ency Data Form			
Official Transcripts	•		-4 Form			
☐ Background Survey Questionnaire		☐ Drug Card				
☐ Employment Eligibility Verification Form 1-9		☐ Driver's License (2 cop	icense (2 copies)			
☐ Employment Application		Social Security Card (2 copies)				
Authorization for Release of Information Form		Salary Reduction Form				
☐ Texas Public Information Act		TRS-Care Acknowledgement (Payroll) (if TRS Retiree)				
☐ Warning Form		☐ Direct Deposition Payroll Authorization				
Notice to TRS Retirees (HR)		Sexual Harrassment/Discrimination Notice				
The above items have been submitted to the Department Name			F HUMAN RESOURCES:			
Division Name		Date				
Signature		Date				
TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES						
Completed information received by:						
			Date			
Payroll information forwarded to						
Payroll Office by:			 Date			
		L	vale			