

**REQUEST FOR PART-TIME FACULTY**

(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 Home Address \_\_\_\_\_

Race \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Highest Earned Degree \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

- Is this person currently employed/will be employed during the above designated term by another USG school other than GSW? Yes No **If yes, please contact the Office of Academic Affairs before completing this form.**
- Has this person been employed by GSW before? Yes No
- Is he/she currently contributing to Georgia Teachers Retirement System or the Georgia Employees Retirement System? Yes No \* If no, must enroll in temporary retirement plan (DFCON = Georgia Defined Contribution Retirement Plan)
- Is he/she currently receiving retirement benefits from the Georgia Teachers Retirement System? Yes No

No. of Hours: \_\_\_\_\_ = Total Compensation: \$ \_\_\_\_\_

**Justification For This Request:**

**APPROVED:**

Department Head \_\_\_\_\_

Dated \_\_\_\_\_

School Dean \_\_\_\_\_

Dated \_\_\_\_\_

Vice President for Academic Affairs \_\_\_\_\_

Dated \_\_\_\_\_