ADJUNCT FACULTY Contract Requisition

Name:

Home Address:

Phone Number: Email:

Terminal Degree: Yes: No: New to Linfield College: Yes No

Courses contracted for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dept. | Course # | Course Name | # Credits | Term/Yr |
|  |  |  |  |  |
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|  |  |  |  |  |

Requested by: Phone:

Date:

**Note:** Failure of an employee to contact Human Resources (x2627 or Melrose Rm. 102) within three days after beginning work will result in that employee no longer being allowed to work and that employee not being paid.

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

**To Be Completed by Dean's Office**

**Charge Information:**

**Salary** **$**

**BUDGET #**

Copies to:

Approved by: Date: