

Seward County Community College ♦ Area Technical School

ADJUNCT FACULTY COMPLETION OF CONTRACT NOTIFICATION

EMPLOYEE NAME:	SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR: _____
DEPARTMENT/DIVISION: <input type="checkbox"/> AAC <input type="checkbox"/> ALLIED HEALTH <input type="checkbox"/> BUSINESS <input type="checkbox"/> HUMANITIES <input type="checkbox"/> MATH, SCIENCE & PE <input type="checkbox"/> OUTREACH	
COMPLETION OF CONTRACT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER (<i>if other, please specify below</i>) _____ _____ _____	
ADDITIONAL INFORMATION: _____ _____ _____	
SUPERVISOR'S SIGNATURE:	DATE:
<i>Forward <u>COMPLETED</u> form to the Human Resources Office</i>	