



COLLEGE OF HAS

REQUEST FOR ADJUNCT FACULTY

Please print on yellow paper

ADJUNCT/INSTRUCTOR INFORMATION

Name: _____ ID#: _____

Address: _____

Email: _____ Phone: _____

Department: _____ Term: _____ Index: _____

Faculty Supervisor/who reports to: _____

Did this instructor teach in the last academic year? ☐ Yes ☐ No Are they new to Oregon Tech? ☐ Yes ☐ No

Is this an overload contract? ☐ Yes ☐ No Does this adjunct need early access to a network login? ☐ Yes ☐ No
(If so, please email Sandi Hanan in Human Resources)

COURSES TO BE TAUGHT

CRN	COURSE NUMBER AND TITLE	SEC	LEC/LAB/CR (3-3-4)	WORKLOAD	NOTES

APPROVAL

Department Chair: _____ Date: _____

Dean: _____ Date: _____

**Please send completed form to:
Tammy Clark, DOW E213**