

## **ADJUNCT FACULTY RECOMMENDATION**

Name		ID #		
Comments:				
	Credentials Required for Initial Ap	pointment		
Initial Appointment	Reactivation			
Reference Check Docui	ficial transcript required within 90 days of mentation SCCC Application will be attached or		for approval)	
Change in Level	Change in Teaching	ge in Teaching Delhi Instructor		
Гeaching Field(s)	Beginning Term			
Compensation Level	at \$per teaching cred	dit hour		
s the employee currently en	nployed by SCCC?Yes	No		
f yes,				
Title	Department	Hours		
	**********************************	********	******	
Department Chair:(	Signature – all courses)	(Department)	(Date)	
Vice President of Academic Affairs		Date:		
Executive Director for Human Resources		Date:		
	President		Date:	
		Date:		