ADJUNCT FACULTY INFORMATION FORM

(Please Print Clearly)

Social Security Number: _____

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

_____

Last Name First Name Middle Initial

_____

Teaching Discipline

Employee Information: New Information? ☐ Yes ☐ No

_____

Current Address of Employee (Number and Street)

_____

City State Zip Code

Home Phone Number: (_____)_____

E-Mail: _____

As a member of the adjunct faculty, you are represented by ADFAC (Adjunct Faculty United, AFT Local 6106). Citrus College will provide your union with your name, home address, and home telephone number indicated above. You may authorize us to withhold parts of that information. If requested by ADFAC, Citrus College will verify that you have chosen to have parts of your information withheld.

*Until further written notice, please **DO NOT** provide the following information to my union:*

☐ *my home address* ☐ *my home telephone number*

_____ _____

Signature *Date*

In case of emergency, who should be contacted?

_____

Last Name First Name

Relationship to Employee _____

Contact Telephone Number: (_____)_____ extension _____

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