

NEW ASSOCIATE FACULTY NOTIFICATION

TODAY'S DATE: _____ ASSOCIATE is a: New Hire Rehire Current Employee

TO: _____ FROM: _____ DEPARTMENT: _____
(Dean or Dean's Designee) (Department Chair)

PERSONAL INFORMATION

LEGAL NAME: _____
(LAST) (FIRST) (MIDDLE)

PREFERRED Name: _____ Last 4 Digits of SSN: _____

Former MCC? (check all that apply): Student Faculty/Staff Under what name? _____

MAILING ADDRESS: _____
(ADDRESS) (CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL: _____

Personal Email Address (will not be published): _____

DEGREE TITLE AS IT APPEARS ON TRANSCRIPTS:

Bachelor's: _____ Master's: _____

Doctorate: _____ CC Credential: _____

OTHER: _____

INITIAL ASSIGNMENT INFORMATION

SEMESTER: Fall Spring Summer YEAR: 20 _____ Late Start Class: Yes No

ASSIGNMENT LOCATION: OCN SEC CLC

TYPE OF ASSIGNMENT:

Check One:

- Credit
 Noncredit

Check One:

- Vocational
 Non-Vocational

Check All That Apply:

- Classroom Instructor
 Counselor
 Librarian
 Other: _____

Key(s) Request: _____

TEACHING ASSIGNMENT (e.g., Course: ART100, Section #1234):

Course: _____ Section # _____ Course: _____ Section # _____

Course: _____ Section # _____ Course: _____ Section # _____

DEAN'S APPROVAL

DEAN/DESIGNEE: _____ Signature: _____ Date: _____
(Print Name)

Minimum Qualifications Verified Assignment Approved Equivalency Required

HR Use Only:

COMMENTS: _____ **HR REP SIGNATURE:** _____

Office of Instruction Use Only:

EMPL ID: _____ **CREATED BY (initials):** _____ **DATE:** _____

EMPL ID EMAILED: _____ **ENTERED ON SPREADSHEET:** _____ **ECR CREATED:** _____