



# Northeast Alabama Community College

## Employment Information of Adjunct Employees working in *Other Alabama Community College System Positions*

Name \_\_\_\_\_ Date \_\_\_\_\_

Complete the following information regarding your current and/or anticipated employment *with Alabama Community College System institutions*, excluding your employment with NACC, and **return it to the Human Resources Office within 3 business days**. You may email the completed and signed form to [mannl@nacc.edu](mailto:mannl@nacc.edu).

**Employer 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Assignment Duration \_\_\_\_\_

Total Hours Expected to Work per Week for this Employer \_\_\_\_\_

If Instructional, Total Credit Hours Expected to Work per Term for this Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Date Employment is Expected to Begin \_\_\_\_\_

Work Schedule*:	Day of Week	Hours
	_____	_____ am/pm to _____ am/pm
	_____	_____ am/pm to _____ am/pm
	_____	_____ am/pm to _____ am/pm

Are you already employed by this employer? Yes  No

If so, for what period of time have you been employed by this employer? \_\_\_\_\_

**\*\*\*\*\* ADDITIONAL EMPLOYMENT SHOULD BE REPORTED ON THE REVERSE SIDE \*\*\*\*\***

I, the undersigned employee, certify the information contained herein to be true and accurate. \*I understand that any changes in the employment reported above, including changes in the work schedule, may affect my employment with NACC and/or require additional authorization from the NACC President.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
Division Director/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

**Employer 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Assignment Duration \_\_\_\_\_

Total Hours Expected to Work per Week for this Employer \_\_\_\_\_

If Instructional, Total Credit Hours Expected to Work per Term for this Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Date Employment is Expected to Begin \_\_\_\_\_

Work Schedule*:	Day of Week	Hours
	_____	_____ am/pm to _____ am/pm
	_____	_____ am/pm to _____ am/pm
	_____	_____ am/pm to _____ am/pm

Are you already employed by this employer? Yes  No 

If so, for what period of time have you been employed by this employer? \_\_\_\_\_

**Employer 3**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Assignment Duration \_\_\_\_\_

Total Hours Expected to Work per Week for this Employer \_\_\_\_\_

If Instructional, Total Credit Hours Expected to Work per Term for this Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Date Employment is Expected to Begin \_\_\_\_\_

Work Schedule*:	Day of Week	Hours
	_____	_____ am/pm to _____ am/pm
	_____	_____ am/pm to _____ am/pm
	_____	_____ am/pm to _____ am/pm

Are you already employed by this employer? Yes  No 

If so, for what period of time have you been employed by this employer? \_\_\_\_\_