

## Academy of Life Long Learning Application

on 1	APPLICANT INFORMATION			ON	
Section 1	Applicant Name:	Last	First	Middle	
	Phone Number:				
	Email Address:				
	Emp. ID or last 4 digits of SSN:				
	Course #:				
	Class Name:				
	Start Date:				
	End Date:				
n 2	INSTRUCTOR AGREEMENT				
Section	I understand and agree that my employment as indicated above is for a non-benefit eligible part-time				
Sec	instructor position an	d the pay rate is	in accordance with the Coll	ege pay rate guidelines. It is	
	and agreed that (1) TSC does not guarantee any assignments resulting from schedule changes or low				
				inated at any time with or without e hired in the future by TSC.	
	Please check one of t	he following:			

 $\hfill\square$  I am working as an instructor within TSC during this assignment.

□ I am working for another division within TSC during this assignment (HR Approval and Request to Hire attached)

Applicant Signature

Date

n					
	FOR BUDGET USE ONLY				
Section	Department Name:	Program Name:			
	Budgeted Salary: \$				
	Cost Center:				
	GL Account:				
	Projected # of hours to be worked:				
	Date:				
		Pay Semi-Monthly Pay End of Project			
	Budget Verification Signature:				
Section 4	Rate of pay:\$	Project End Date:			
	Explain:				
		APPROVALS			
	<ul> <li>I affirm that this recommendation does not conflict with College district policies Regarding nepotism and/or Supervisory capacity.</li> </ul>				
	This applicant is currently a TSC employee.				
	Associate Vice President of WCT	E Date			
	Human Resources Signature (inc	luding Date			
	EEO Review)				

FOR HR USE ONLY:
Official Transcripts if applicableCriminal Background (CBC)The College District prohibits discrimination, including harassment against any employee on the basis of race, color,<br/>religion, gender, national origin, age, disability or any other basis prohibited by law.