



GLENVILLE
STATE COLLEGE

PERSONNEL ACTION REQUEST
ADJUNCT FACULTY ONLY (AA-10/16)

This form is required each semester in order to process payment. The Executive Vice President should receive this form with the required signatures within the first two weeks of class.

Semester and Year: _____

Full Name: _____ Last First Middle	SSN #: _____
Home Address: _____ _____	Date of Birth: _____
Home Phone: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Work Phone: _____	Highest Degree Awarded: _____
Preferred e-mail address: _____	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Branch of Service: _____
	Date Entered Service: _____
	Date Discharged from Service: _____

CRN-Course-Dept-Section	Credit Hours	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL CREDIT HOURS AND AMOUNT	_____	_____

Position Number: _____	I-9 Form Complete and Current: _____
Account Number: _____ (Account Number provided by Business Office)	(Verified by Human Resources)

Approved:

_____ Chairperson	_____ Date
_____ Vice President for Academic Affairs	_____ Date

Authorized for payment:

_____ Executive Vice President	_____ Date
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