

GEORGIA STATE UNIVERSITY PART TIME/GTAB/ADJUNCT FACULTY INFO FORM

Date:

Empl ID:

Name (Last, First Middle):

College:

Dept name / code:

/

Job title / code:

/

Hire date:

End date (if applicable):

Salary rate / total:

/

Degree	Area of Degree	Awarding Institution	Year

Department Checklist:

Transcript Attached ____

FCE Attached (if non-US institution) ____

Candidate CV ____

PAF ____

Department/College Comments:

OFA/HR USE ONLY

Comments:

OFA approved:

Date:

Payroll approved:

Date:

HRIS approved:

Date: