

ALVIN COMMUNITY COLLEGE

**ADJUNCT FACULTY
EMPLOYMENT STATUS
CHANGE NOTICE**

Completion of this form, by the Department/Division Chair (DC/DVC), serves as notification of Adjunct Faculty Status Change.

For effective records management and accurate payroll processing, the Human Resources Office should be notified of any change in status as soon as possible. If the DC/DVC determines that reappointment is not advised, a termination should be submitted prior to the beginning of the following semester. If an Adjunct Faculty member has not taught for Alvin Community College within the last 18 months, he/she will be removed from active status.

Confirmation of forwarding address for payroll processing will be required when removing an employee from active status. Personal Data Change Form is available on the College website, and the completed form should be returned to the HR Office.

EMPLOYEE INFORMATION

NAME: _____ **SOCIAL SECURITY #:** _____
DEPARTMENT: _____ **EFFECTIVE DATE:** _____

REASON FOR STATUS CHANGE

- | | |
|--|--|
| <input type="checkbox"/> LEAVING AREA / MOVED | <input type="checkbox"/> SCHEDULE CONFLICT |
| <input type="checkbox"/> ACCEPTED OTHER EMPLOYMENT | <input type="checkbox"/> REDUCTION IN HOURS |
| <input type="checkbox"/> DID NOT LIKE TEACHING | <input type="checkbox"/> UNSATISFACTORY EVALUATION |
| <input type="checkbox"/> DEPARTMENT DECISION / REAPPOINTMENT NOT RECOMMENDED | <input type="checkbox"/> RESIGNATION / RETIREMENT |

Prior to submission of this form, the Department Chair should ensure that any College keys issued to the employee and any other College property have been returned to the department or Campus Police.

IF REAPPOINTMENT IS NOT RECOMMENDED, PLEASE SPECIFY REASON.

IF OTHER EMPLOYMENT WAS ACCEPTED, SPECIFY NEW EMPLOYER IF KNOWN.

SUBMITTED BY:

Department / Division Chair

Date

APPROVED:

Dean of Academic Programs

Date

Provost Dean of Instruction

Date

Director of Human Resources

Date