



This form is to be completed by the Department Head prior to making an offer of adjunct academic employment to a new hire. Provide the information requested below and forward completed form, official transcripts and verification of employment experience to **Human Resources, District Office**. This form should be forwarded at least two (2) weeks prior to the assignment start date. (See HR R-130, *Adjunct Faculty Selection and Pay*, and HR R-101, *Faculty Equivalency Process*.)

Date _____ Campus _____ Discipline _____

• Assignment: _____ 20_____
 Course Name / Number Meeting Days / Time Section Number Semester

• Candidate: _____
 Last Name First Name Middle Name Suffix Social Security Number

Address: _____
 Number Street City State Zip Code

Prior Employment in LACCD No Yes If **Yes**, Employee Number _____

I have reviewed the above candidate's official transcripts and work experience information and I am satisfied that this candidate meets the minimum qualifications for employment as an adjunct academic instructor with the Los Angeles Community College District. Upon receipt of authorization from Human Resources, District Office, I will make an offer of employment to this candidate for the _____, 20____ semester to teach the course indicated above.

Request for Emergency Processing: A significant need to fill the above adjunct academic assignment has made it impractical to comply with the requirement to provide two (2) weeks pre-employment notification before making the employment offer. I have reviewed the above candidate's official transcripts and work experience information and I am satisfied that this candidate meets the minimum qualifications for employment as an adjunct academic instructor with the LACCD. Further, I have taken the steps necessary to see to it that this candidate has prepared and submitted the Provisional Equivalency application.

Department Chair _____ Date _____ Academic Administrator _____ Date _____

FOR OFFICE USE ONLY		
<input type="checkbox"/>	INCOMPLETE: <i>Need to Submit:</i>	
<input type="checkbox"/>	DENIED: <i>Reason:</i>	
<input type="checkbox"/>	APPROVED BY CREDENTIAL: <i>Must be in subject designated above.</i>	
	Type: <input type="checkbox"/> V905 <input type="checkbox"/> STCJC <input type="checkbox"/> Other: _____	
	Issued: _____	Expires: _____ Major Subject: _____
<input type="checkbox"/>	APPROVED BY MINIMUM QUALIFICATIONS (AB1725)	
	Degrees	Name of College / University
	JD	
	PhD	
	MA	
	BA	
	AA	
	Experience: _____	years at _____ as a _____
<input type="checkbox"/>	APPROVED BY EQUIVALENCY	
	Equivalence on File: <input type="checkbox"/> Yes <input type="checkbox"/> No Equivalence Sent: <input type="checkbox"/> Provisional to Campus <input type="checkbox"/> DAS Applicant	

Employment Offer Authorization: Approved Denied

Senior Associate Vice Chancellor, Human Resources _____ Date _____