

NEW HIRE / REHIRE PART-TIME FACULTY DATA FORM

NEW HIRE NAME PHONE		REHIRE PRATT ID EMAIL					
				STREET ADDRESS			
				CITY/STATE/ZIP			
SCHOOL		DEPARTMENT					
CONTACT HOUR RATE		BUDGET CODE					
SEMESTER HIRED	START DATE		END DATE				
TEACHING MODALITY	☐ IN-PERSON	HYBRID	REMOTE				
If teaching in another c	ountry, please specify:						
Does this individual hol	d another position at Pratt? If so	o, please specify:					
Additional Notes from	Department, if applicable (i.e., p	previously Retired, tea	ching portion of course, etc.):				
Status		Rank					
VISITING		INSTRUCTOR					
ADJUNCT		ASSISTANT PROFESSOR					
		ASSOCIATE PROFESSOR					
		PROFESSOR					
COURSES ASSIGNED:							
DEPARTMENT	COURSE #	SECTION #	LOAD UNITS				
CHAIRPERSON'S SIGNATURE		_	DATE				
		_					
DEAN'S SIGNATURE		_	DATE				

PLEASE SEND COMPLETED FORM AND ORIGINAL C.V. TO HUMAN RESOURCES AND A COPY OF FORM AND C.V. TO THE PROVOST'S OFFICE