



**FACULTY CERTIFICATION**

L# \_\_\_\_\_ Personnel Office data-entry date \_\_\_\_\_

Name \_\_\_\_\_  
last first initial Division/Department

Contracted Faculty \_\_\_\_\_

P/T Credit Instructor \_\_\_\_\_

Specific course(s)/activities CERTIFIED to be taught/performed

<u>Action</u> <b>Add or Delete</b>	<u>*Course Number</u>	<u>Course / Activity Title</u>	<u>Effective date</u> <u>(month/year)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* (to include all suffixes as appropriate; use same syntax as class schedule)

\_\_\_\_\_  
Faculty Member / date

\_\_\_\_\_  
Div/Dept Chair / date

\_\_\_\_\_  
Vice President / date

REF: OAR 589-008-0100  
Collective Bargaining Agreement

Original to: Office of Instruction  
& Student Services

Copies to: Div/Dept office  
Human Resources