



FACULTY CERTIFICATION

L# _____ Human Resources 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> Add or Delete	<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