**CONTINUING EDUCATION**

**PART-TIME EMPLOYEE PERSONNEL APPROVAL FORM**

| **1.** | **Employee Name:**  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(As it appears on SS card)** | **Last** | **First** | **Middle** |

| **2.** | **Social Security #:**  |  | **3.** | **Birth Date:**  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **(MM/DD/YY)** |

| **4.** | **Sex:** |  | **5. Personal Email Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- | --- |
|  | **M=Male****F=Female** |  |

| **6.**  | **Race:**  |  | **7.**  | **Highest Academic Level Attained:** |  |
| --- | --- | --- | --- | --- | --- |
|  | **1=White-Non-Hispanic****2=Black-Non-Hispanic****3= American Indian or Alaskan Indian****4=Hispanic or Spanish****5=Asian or Pacific Island** |  **01=Less Than High School** **02=High School or Equivalent** **03=One Year of College** **04=Vocational Diploma** **05=Two Years of College** **06=Associate Degree** **07=Three-Four Years of College** **08=Bachelor’s Degree** **09=Master’s Degree** **10=Doctor’s Degree** |  |

| **8.** | **Are you retired from the N.C Teacher’s & State Employee’s Retirement System?**  |  |
| --- | --- | --- |
|  |  | **1=Yes****2=No** |

| **9.** | **Course Title:**  |  | **10:**  | **Program Code** |  |
| --- | --- | --- | --- | --- | --- |

| **11.** | **Date Employment Begins:**  |  | **12.** | **Hourly Rate:**  |  |
| --- | --- | --- | --- | --- | --- |

| **13.**  | **Budget Code/Codes:** |  |
| --- | --- | --- |

| **14.**  | **Supervisor:**  |  |
| --- | --- | --- |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |
| --- | --- | --- |
| **Recommended by Director** |  | **Date** |

|  |  |  |
| --- | --- | --- |
| **Recommended by Associate Vice President** |  | **Date** |

**For HR use only:** [ ]  Docusign\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Castle Branch \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved [ ]  Yes [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_