**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_