



## FACULTY CERTIFICATION

Human Resources Office:  
Data Entry Date: \_\_\_\_\_

**L#** \_\_\_\_\_

**Name:** Last Name, First Name & Middle Initial

**Division/Dept:** \_\_\_\_\_

Contracted Faculty: ☐

Part-Time Credit Instructor: ☐

Specific Course(s)/activities CERTIFIED to be taught/performed:

<u>Add or Delete</u>	<u>Course Number*</u>	<u>Course/Activity Title</u>	<u>Effective Date</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>
Add <input type="checkbox"/> Delete <input type="checkbox"/>	_____	_____	<u>month/year</u>

\* Include all suffixes as appropriate; use same syntax as class schedule

\_\_\_\_\_  
Faculty Member / Date

\_\_\_\_\_  
Division Dean / Date

\_\_\_\_\_  
Executive Dean / Date

REF: OAR 589-008-0100  
Collective Bargaining Agreement

Original to: Office of Academic & Student Affairs

Copies to: Division/Department Office  
Human Resources