



PART-TIME EMPLOYMENT AGREEMENT

NOTE: Time sheets are required on all agreements before payment is made. Agreement must be fully executed and returned to Human Resources for processing prior to Commencement of work.

1. <input type="checkbox"/> Non-Teaching Faculty Project <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Non-credit Adjunct Faculty <input type="checkbox"/> Full-Time Faculty Overload <input type="checkbox"/> Other _____			
2. DIVISION/DEPARTMENT		BUDGET CODE	
3. NAME (As it appears on Social Security Card)		EMPLOYEE ID NUMBER	
If this is an Adjunct Faculty Contract, please add:			
CRN/COURSE NUMBER	COURSE NAME	CREDITS	AMOUNT
If Non-Teaching Faculty Project or Other, describe Scope of Work in Detail. If hourly contract, also state hourly rate.			
TERMS & CONDITIONS: This agreement is effective from ____through _____. This is a part-time, unclassified, at-will appointment that pays an amount not to exceed \$_____, less the deductions required by law for federal and state taxes, Medicare taxes, and state retirement or social security. This agreement is subject to all rules and regulations of the Louisiana Community and Technical College System, Baton Rouge Community College (the “College”), the laws and constitutions of Louisiana and the United States, and the policies adopted by the College. This agreement is contingent on student enrollment. Student enrollment and continued contract viability will be analyzed within the first 21 days of the Fall and Spring semesters and within 10 days of the summer semester and 7-week semester. I understand that this document is not a binding contract until signed and dated by the Chancellor of Baton Rouge Community College or the Chancellor’s designee. I further understand and agree that if I fail to submit required end-of-semester materials, including, but not limited to grades entered in LoLA, gradebooks, attendance records, method for computing final grades, etc., my compensation for the final pay period of the semester will be suspended until any missing materials are supplied as required by the department or division which administers the class(es) that I am hired to teach.			
4. PAYMENT TERMS: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Lump Sum-at end of project <input type="checkbox"/> No. of pays _____. To cover pay-periods ____ to _____.			
5. <input type="checkbox"/> My signature indicates that I accept the terms and conditions of this employment agreement.			
EMPLOYEE SIGNATURE		DATE _____	
A P P R O V A L	DIVISION DEAN/DIRECTOR		DATE
	VICE CHANCELLOR		DATE
	CHANCELLOR or CHANCELLOR’S DESIGNEE		DATE

FOR HIRING DEAN OR DIRECTOR’S USE:		CAMPUS/WORK LOCATION FOR BUDGETARY PURPOSES	
List the Timesheet Approver	<input type="checkbox"/> Mid-City – BA <input type="checkbox"/> North Acadian - BE <input type="checkbox"/> Westside (Plaquemine) - BI <input type="checkbox"/> Port Allen - BH <input type="checkbox"/> Frazier - BB <input type="checkbox"/> Donmoor – BC <input type="checkbox"/> Folkes (Jackson) - BF	<input type="checkbox"/> Jumonville (New Roads) - BG <input type="checkbox"/> La State Penitentiary (Angola) - BJ <input type="checkbox"/> La Correctional Inst/Women - BK <input type="checkbox"/> Elayn “Hunt” Correctional - BL <input type="checkbox"/> Dixon Correctional Institute – BM <input type="checkbox"/> Central (“Hooper Rd”) - BN	
	FOR HUMAN RESOURCES USE: Rec’d by:	Date Received	Position Number

DISTRIBUTION: Original- HR Copies- Department and Employee

BRCC Adjunct/Part-Time Hires

Other LCTCS Employment and Patient Protection & Affordable Care Act

(This is not required to be filled out by Fulltime BRCC employees.)

NAME (As it appears on Social Security Card)	EMPLOYEE ID NUMBER	EXPECTED START DATE
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Section 1: Employment with LCTCS Colleges or Board Office

Louisiana Community and Technical Colleges System (LCTCS) Colleges

Baton Rouge Community College, Bossier Parish Community College, Central Louisiana Technical Community College, Delgado Community College, Fletcher Technical Community College, Louisiana Delta Community College, Northshore Technical Community College, Northwest Louisiana Technical College, Nunez Community College, River Parishes Community College, South Central Louisiana Technical College, South Louisiana Community College, SOWELA Technical Community College

1. Do you already hold a position at BRCC outside of this adjunct position? YES NO
- If YES, is your current position full-time or part-time/adjunct? PT FT

➤ Please provide current position: _____
2. Do you hold or are you being considered for another position at the LCTCS Board Office or any other LCTCS college? YES NO
- If YES, please provide the name(s) of the LCTCS institution(s) and Job title(s)

Institution/College Name	Position/Job Title

Section 2: Patient Protection & Affordable Care Act

Confirmation of Current Health Coverage. Please circle “Yes” or “No” for each question.

1. Do you currently have health coverage through employment outside of BRCC? Yes No
2. Do you currently have health coverage through a spouse, parent, or family member? Yes No
3. Do you currently have health coverage as a retiree? Yes No
4. Do you currently have health coverage through employment with any LCTCS College (outside of BRCC) or the LCTCS Board Office? Yes No
5. Do you currently have health coverage through employment with BRCC? Yes No
- If YES, regarding your current coverage, please select one of the following options.

I wish to have my current coverage: retained changed cancelled

➤ If NO, please choose A or B in the box below.

If you answered NO to the above-stated question, please choose one option by signing below the chosen option:

A. If you are not currently covered by a LCTCS or BRCC-offered health plan and you are NOT interested in being covered by a BRCC-offered health plan, please sign the following declaration.

By signing here, I decline applying for health coverage for myself and my eligible dependents through my employment with BRCC, and I certify that all information I have provided is true and correct.

Signature of Part-time Employee/Adjunct

Date

B. If you are not currently covered by a LCTCS or BRCC-offered health plan and you ARE interested in being covered by a BRCC-offered health plan, please sign the following declaration.

I am interested in understanding whether I qualify for health coverage. By signing here, I certify that all information I have provided is true and correct, and I understand that BRCC is hereby offering me health coverage, if I qualify. I understand that I must contact BRCC HR to apply for coverage within 30 days of my start date. Contact BRCC HR: 216-8268 or hrbrcc@mybrcc.edu.

Signature of Part-time Employee/Adjunct

Date