DECLARATION FORM FOR FALL/SPRING SEMESTER PTLs AND TEACHING COADJUTANTS

TO BE FILLED OUT AND SIGNED BY THE PTL/TEACHING COADJUTANT CANDIDATE PRIOR TO APPOINTMENT EVERY SEMESTER.

1. Do you work 50% or more time for any of the below?  Yes ______  No______  If yes, check the one for which you work.

   State of New Jersey
   __Office of the Governor
   __Office of Management and Budget
   __Department of Law and Public Safety
   __Office of Administrative Law
   __Commission of Higher Education (not including Employees of State Colleges and Universities below the title of level of Dean)
   __Department of Community Affairs
   __Department of Labor
   __Department of Agriculture
   __Department of Treasury
   __Division of Pensions
   __Judiciary
   __Department of Health
   __Department of Personnel
   __Legislature
   __Public Employment Relations Commission
   __Department of Environmental Protection

   United States
   __Department of Education
   __Department of Agriculture
   __Department of Justice
   __Judiciary
   __Department of Labor
   __EEOC
   __IRS
   __Department of Health & Human Services
   __State Department
   __Attorney General’s Office
   __Environmental Protection Agency
   __Immigration/Naturalization Service
   __Legislature

2. Do you work for a law firm which has represented or is presently representing Rutgers?  Yes _____  No_____  

3. Are you otherwise a regularly appointed Rutgers employee 50% or more time?  Yes _____  No_____  

4. Were you employed as a Rutgers Teacher Assistant or faculty member for both semesters of the immediately preceding Academic Year?  Yes _____  No_____

5. In which year and semester, and by which academic unit and department, were you last employed by Rutgers as a Part-time Lecturer?

   Year _______  Fall_____ Spring_______

   Academic Unit _______________ Department___________________

   Not Applicable; never previously employed by Rutgers as a PTL__________

Name of Candidate ________________________________

Signature of Candidate ______________________________  Date: _________