Ranger College Instructor File Information Sheet

Instructor Number (SSN)			
Last Name	First Name	MI	
Mailing Address			
(Street) Contact Information	(City)	(State) (Zip)	
Home Phone	Cell		
Work or other contact number(s)			
Preferred email address			
Secondary email address			
In Case of Emergency notify:	Telephon	ne	
Marital Status	Spouse's Name		
Check one: Teacher Retirem	nent System Optional Re	etirement System	
Check if Applicable: Group Dental Insurance	Health Insurance Life In	nsurance AFLAC	
Required Demographic Informati	ion		
Gender (M) or (F)	Date of birth	(mmddyyyy)	
Ethnic Code: Are you of Hispanic (a person of Cuban, Mexican, Puerto Rican, Sout		ture or origin, regardless of race)	
Select the racial category/categories wi	th which you most closely identify	. Check as many as apply.	
() Asian [4] () Black or African American [2]) American Indian or Alaska Nativ) Native Hawaiian or Other Pacific		
Highest Degree			
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Rank	New Hire ((Y) (N)	
Faculty Category Admin Unit Code		it Code	
Campus Code			
Total % or Time	% Direct T	% Direct Teach	
Contract Length Salary			