

## **ADJUNCT FACULTY SITUATION**

**ACADEMIC YEAR: 2022 - 2023** 

Person in charge of the file:	

Surname (family name):	First name:	name: Maiden name:		t name: Maiden name:		me:
Date of birth (day-month-year):	Place of bir	Place of birth:				
Nationality:	Marital stat	Marital status:				
In the case of a foreign national, a photocopy of the	e resident's permit <b>au</b>	thorising the person to	work in France mus	t be included.		
National insurance number:   _ _ _ _ _ _	_ _ _ _	Key  _				
Home address:						
City:	Zip code:	Zip code:		Phone number:		
Email:	<u> </u>					
PROFESSIONAL STATUS (mark a cross in the corresponding box):  NB: Only persons with professional status corresponding to one of the 7  Civil servant in active employment or on secondment (*)  Retraité  Salaried employee of a public-sector company with a special benefit scheme, such as EDF, SNCF, RATP  (*) Chef d'entreprise  Other salaried employees (public or private sector) working at least  900 hours per year		7 cases listed below can be considered for employment  Company director Doctoral student (except for those with a doctoral contract) Non-salaried-activity (professional occupation, self employed "autoentrepreneur", etc.), subject to corporate property tax, or providing regular and adequate means of support for at least the last 3 years				
Retiree (*) The attached social insurance declaration must of	compulsorily be comp	leted by your primary e	mployer			
Name and address of primary employer	, , , , , , , , , , , , , , , , , , , ,					
City:	Zip code:		Telephone number			
Profession:	•					
Have you already worked in our institution in the pr	revious academic yea	r? 🗖 non / no	☐ oui / yes			
Do you work with any other Institution Mines-Télécom school?						

## DOCUMENTS TO BE ENCLOSED: SEE APPENDIX ATTACHED

## PLEASE READ CAREFULLY THE FOLLOWING INFORMATION BEFORE SIGNATURE :

- I hereby certify that the information supplied above is true and accurate and that the Institut Mines-Télécom is not my primary employer. I undertake to inform the Director of Human Resources if there is any change in my situation;
- I declare that I am aware of the criteria for the status of adjunct faculty under public law (decree n° 2010-235 of March 5, 2010) and have noted that my period of employment as an adjunct faculty member cannot be considered as a period of affiliation providing entitlement to unemployment insurance. The period of employment will not give rise to the drawing up of an unemployment certificate;
- I declare that I have been informed about the applicable safety instructions in TSP and IMT-BS;
- I declare that I have been informed about the document « information for employees about personal data processing ».

Signature of adjunct faculty member (preceded by the handwritten words "Lu et approuvé" in French, signifying "read and approved") + date

This document must be completed each academic year, when commencing activity.