



Human Resources Department

50 FRIDA KAHLO WAY · BUNGALOW 702 · SAN FRANCISCO, CA 94112

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Multi-District Part-Time Faculty Health Insurance Program

For the 2025-2026 academic year, qualifying multi-district part-time faculty are eligible to participate in the Multi-District Part-Time Faculty Health Insurance Program.

To be eligible for reimbursement of a portion of your paid medical health insurance premium, a City College of San Francisco part time faculty must meet all of the following criteria:

1. Adjunct faculty member is not eligible to receive the full District contribution in the CCSF medical plan.
2. Adjunct faculty member does not qualify for benefits at another California community college district which offers part-time faculty benefits
3. Health insurance premiums for adjunct faculty members or their dependents are not paid by an employer other than a California community college district.
4. Adjunct faculty member has a combined teaching assignment equal to or greater than 0.4 FTE at two or more California community college districts.

I understand that I must submit this certification form and required documentation *every* semester.

First Name

Last Name

Employee ID or Social Security Number

Phone Number

College Name (complete below)

FTE

FTE at City College of San Francisco

FTE at _____

FTE at _____

Total FTE _____

Date Entered in Banner (HR use only)

Reimbursement

Effective Medical Date: _____

Effective End Date: _____

The following required documentation is due once per semester.

1. Provide documentation to verify that the multi-district part-time faculty member's teaching assignment is equal to or greater than .40 FTE (40% of a full-time assignment). Documentation includes:
 - o Image of the of the online class schedule from the applicable community college/district website. The image must include the multi-district part-time faculty member's name, community college name, number of units/FTE, and term.
 - o Signed FTE contract or agreement. The contract or agreement must include the multi-district part-time faculty member's name, college name, number of units/FTE, and term.
2. Provide documentation to verify enrollment in a health insurance plan and the amount of the premium. I have attached my premium invoice(s) and proof of payment to this form for health insurance coverage that was in effect during the applicable semester.
3. Other documentation showing a faculty member's teaching, counseling or library load such as a district/college print out of their assignments include the multi-district part-time faculty member's name, community college name, number of units/FTE, and term.

Documentation for reimbursements should be submitted prior to June 30 each year to meet the District's fiscal deadlines.

By signing below, I acknowledge and agree to the above requirements.

Name

Signature

Date