

CERTIFICATION

I, [INSERT NAME], adjunct professor at St. John’s University, New York, do hereby certify that:

1. I meet the definition of “continuing adjunct faculty member” as set forth in Appendix C of the current Collective Bargaining Agreement;
2. I do not have access to employer sponsored health insurance personally or through a spouse; and
3. I am applying for calendar year [ INSERT YEAR ]
4. IN WITNESS WHEREOF, I have executed this Certification as of this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[INSERT NAME]

STATE OF NEW YORK

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COUNTY OF \_\_\_\_\_\_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public