

ADJUNCT FACULTY SCHOOL OF CONTINUING EDUCATION COUNSELOR ASSIGNMENT REQUEST FORM

For your request to be eligible for consideration, this form, properly completed, signed and dated, must be received in the appropriate School of Continuing Education department office by the following deadline:

FALL TRIMESTER ASSIGNMENT REQUEST: Form must be received not later than the last instructional day of the previous winter trimester, *but not earlier than the first instructional day of the previous winter trimester.*

WINTER TRIMESTER ASSIGNMENT REQUEST: Form must be received not later than the last instructional day of the previous spring trimester, *but not earlier than the first instructional day of the previous spring trimester.*

SPRING TRIMESTER ASSIGNMENT REQUEST: Form must be received not later than the last instructional day of the previous spring trimester, *but not earlier than the first instructional day of the previous spring trimester.*

A SEPARATE REQUEST FORM MUST BE SUBMITTED FOR EACH TRIMESTER DURING WHICH ASSIGNMENT IS REQUESTED

NAME: _____ Last _____ First _____ MI _____ **Contact Telephone:** (____) _____

MAILING ADDRESS: _____ Street _____ City _____ Zip _____ **e-mail Address:** _____

INDICATE THE TERM AND YEAR FOR THIS ASSIGNMENT REQUEST:

FALL TRIMESTER

YEAR: _____

WINTER TRIMESTER

YEAR: _____

SPRING TRIMESTER

YEAR: _____

(1) INDICATE THE NUMBER HOURS PER WEEK YOU ARE INTERESTED IN WORKING DURING THE TRIMESTER

(2) LIST IN PRIORITY ORDER, BY COURSE NUMBER AND TITLE (e.g., COUNS 140), THE COURSES YOU ARE INTERESTED IN TEACHING

HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN WORKING DURING THE TRIMESTER? _____

(Maximum Request is 19 Hours per Week)

Specify each course you would be willing to assume as an assignment:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

INDICATE YOUR AVAILABILITY DURING THE TRIMESTER:

DAYS	TIME(S) YOU ARE AVAILABLE THIS DAY
MON	
TUE	
WED	
THU	
FRI	
SAT	

INDICATE OTHER ASSIGNMENTS DURING THE TRIMESTER:

Will you be employed to perform, or do you expect to be employed to perform any other assignments within the District during the trimester?

NO YES If yes, list all other assignments below:

I hereby request consideration for assignment as indicated above:

- (1) I understand that any employment offered me pursuant to this request is temporary and is subject to the provisions of Article 6 of the collective bargaining agreement between Adjunct Faculty United and the District AND the District's statutory rights with respect to the employment, retention and termination of temporary faculty pursuant to law.
- (2) I understand that unless specifically approved by the Vice Chancellor of Human Resources or designee, my employment pursuant to this request may not exceed, for all assignments within the District, a sixty-seven (67) percent assignment, and the District reserves the right to make and terminate any assignment in a manner that will ensure that my employment does not exceed the equivalent of a sixty-seven (67) percent assignment.

_____ **Signature**

_____ **Date**

DEPARTMENT OFFICE USE	Date Received:	By:
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