NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

ADJUNCT FACULTY SCHOOL OF CONTINUING EDUCATION INSTRUCTOR 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 that 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 that 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: _____ _____ ____ **Contact Telephone:** (_____) _____
Last First MI

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

INDICATE THE TERM AND YEAR FOR THIS ASSIGNMENT REQUEST:		
❒ **FALL TRIMESTER** YEAR: _____	❒ **WINTER TRIMESTER** YEAR: _____	❒ **SPRING TRIMESTER** YEAR: _____

LIST IN PRIORITY ORDER, BY COURSE NUMBER AND TITLE (e.g., MATH 101), THE COURSES YOU ARE INTERESTED IN TEACHING FOR THE TRIMESTER:

You must specify each course you would be willing to assume as an assignment:

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

HOW MANY CLASSES ARE YOU INTERESTED IN TEACHING? _____ (*Maximum Request is 15 Hours per Week*)

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: