

SCHOOL OF CONTINUING EDUCATION

**ADJUNCT FACULTY COLLEGE ACADEMIC 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 office by the following deadline:**

FALL TRIMESTER REQUEST: Must be received by the last instructional day of the previous winter trimester  
 WINTER TRIMESTER REQUEST: Must be received by the last instructional day of the previous spring trimester  
 SPRING TRIMESTER REQUEST: Must be received by the last instructional day of the previous summer term

Note: Assignment request forms for the winter and spring trimesters may be submitted concurrently with an assignment request for the previous fall trimester if you wish to request assignments for all three trimesters in the academic year.

NAME: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Contact Telephone: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ e-mail Address: \_\_\_\_\_

**I. ASSIGNMENT REQUEST**

INDICATE THE TERM AND YEAR FOR THIS ASSIGNMENT REQUEST			
<input type="checkbox"/> FALL TRIMESTER <input type="checkbox"/> WINTER TRIMESTER <input type="checkbox"/> SPRING SEMESTER			YEAR: _____
LIST IN PRIORITY ORDER THE CLASSES YOU ARE INTERESTED IN TEACHING DURING THE TRIMESTER:			
Class Title	Day(s)	Time(s)	Campus/Site
1.			
2.			
3.			
4.			
HOW MANY <u>CLASSES</u> ARE YOU INTERESTED IN TEACHING? _____ (Maximum Assignment is 15 Hours per Week)			

**II. OTHER ASSIGNMENTS**

INDICATE OTHER ASSIGNMENTS DURING THE TRIMESTER:	
Will you be employed to perform, or do you expect to be employed to perform <u>any</u> other assignments within the District during the trimester?	
<input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, list all other assignments below:	
1.	3.
2.	4.

Employment of adjunct faculty may not exceed, for all assignments within the District, a sixty-seven (67) percent assignment. The District reserves the right to make and terminate any assignment in a manner that will ensure that your employment does not exceed sixty-seven (67) percent.

Any employment 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 Education Code section 87665.

**I hereby request consideration for assignment as indicated above:**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date