NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

SCHOOL OF CONTINUING EDUCATION

ADJUNCT FACULTY 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**

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

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

I. ASSIGNMENT REQUEST

INDICATE THE TERM AND YEAR FOR THIS ASSIGNMENT REQUEST	
☐ FALL TRIMESTER ☐ WINTER TRIMESTER ☐ SPRING TRIMESTER	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 CLASSES 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 any other assignments within the District during the trimester?

☐ NO ☐ 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 (60) 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 (60) 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