Print Form

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

ADJUNCT FACULTY COUNSELOR / LIBRARIAN ASSIGNMENT REQUEST FORM

For your request to be eligible for consideration, this form, properly completed, signed and dated, must be received in the appropriate college division office by the following deadline:

FALL SEMESTER ASSIGNMENT REQUEST: Form must be received not later than the first instructional day of November of the previous fall semester, *but not earlier than the first instructional day of the previous fall semester*.

SPRING SEMESTER ASSIGNMENT REQUEST: Form must be received not later than the first instructional day of April of the previous spring semester, *but not earlier than the first instructional day of the previous spring semester*.

A SEPARATE REQUEST FORM MUST BE SUBMITTED FOR EACH SEMESTER 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:		INDICATE COLLEGE AND DEPARTMENT:	
☐ **FALL SEMESTER** YEAR: _____	☐ **SPRING SEMESTER** YEAR: _____	☐ **CYPRESS** ☐ **FULLERTON** ☐ **NOCE**	_____ Specify Department

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

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

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

(*Maximum Request for NOCE Counselors is 21 Hours per Week;*
Maximum Request for Credit Counselors and Librarians is 23 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 SEMESTER:

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

INDICATE OTHER ASSIGNMENTS DURING THE SEMESTER:

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

☐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**

DIVISION OFFICE USE	Date Received:	By: