

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:

SPRING SEMESTER ASSIGNMENT REQUEST: Form must be received by

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

MAILING ADDRESS: _____
Street City Zip

EMAIL: _____

INDICATE THE TERM AND YEAR FOR THIS ASSIGNMENT REQUEST:		INDICATE CAMPUS AND DEPARTMENT:	
<input type="checkbox"/> FALL SEMESTER YEAR: _____	<input type="checkbox"/> SPRING SEMESTER YEAR: _____	<input type="checkbox"/> LAC <input type="checkbox"/> PCC	_____ Specify Department

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

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

HOW MANY UNITS (FTE) ARE YOU INTERESTED IN TEACHING? _____ *(Maximum Request is 67% FULL TIME EQUIVALENT)*

INDICATE AVAILABILITY DURING THE SEMESTER:								INDICATE OTHER ASSIGNMENTS DURING THE SEMESTER:
DAYS	7-9 AM	9-11 AM	11 AM- 1 PM	1-3PM	3-5 PM	5-7 PM	7-10 PM	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 semester? NO YES If yes, list other assignments below
MON								
TUE								
WED								
THU								
FRI								
SAT								

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 the collective bargaining agreement between Certificated Hourly Instructor (CHI) 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 my employment pursuant to this request may not exceed, for all assignments within the District, a sixty-seven (67) percent of a fulltime 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.

Date _____

OFFICE USE ONLY	Date Received:	By:
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