

REQUEST FOR APPROVAL OF PART-TIME FACULTY ASSIGNMENT

The following information is to be completed by the Classified employee who is offered a part-time faculty assignment.

NAME OF EMPLOYEE REQUESTING APPROVAL: _____

BANNER I.D.: _____ CURRENT FTE OF EMPLOYEE: _____

DEPARTMENT (FOR FACULTY ASSIGNMENT): _____

SEMESTER: _____

Estimated additional amount of time per week to the Classified employee due to faculty assignment (for lecture/lab classes, list lecture and lab on separate rows)					
COURSE	DATES OF ASSIGNMENT (From/To)	TYPE OF ASSIGNMENT (Lecture/Lab/Etc.)	COR WEEKLY HOURS + OFFICE HOURS	TOTAL WEEKLY ADDITION –FULL SEMESTER	FULL SEMESTER MULTIPLIER (18)

**Estimate is based on 1 week of a full-semester length course – multiply x 18/Semester; actual calculations may vary, depending on length of course.

Note: This preauthorization is effective Semester/Year, and must be completed by all Classified employees who are requesting to teach in addition to their regular assignments regardless of their current FTE.**

I, _____, am requesting approval to accept the offer of the part-time faculty assignment as stated above. I understand the following:

- Classified employees who are approved to accept a faculty assignment shall not conduct any work related to faculty assignment during their classified position work schedule. Office hours for faculty assignment may not be held during the required lunch hour for classified position.
- There may be PERS and STRS implications of any reduction in time worked and additional assignments (for example, PERS service credit may be reduced).

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISING ADMINISTRATOR APPROVAL _____ DATE _____

CCCUE APPROVAL _____ DATE _____

AS/VP ACADEMIC AFFAIRS APPROVAL _____ DATE _____

ADDITIONAL COMMENTS:

PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES FOR PROCESSING PRIOR TO THE START OF THE ASSIGNMENT.