

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

**ADJUNCT FACULTY INSTRUCTOR 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 earlier than the first instructional day of the previous fall semester, *but not later than the first instructional day of November of the previous fall semester.*

**SPRING SEMESTER ASSIGNMENT REQUEST:** Form must be received not earlier than the first instructional day of the previous spring semester, *but not later than the first instructional day of April 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:	
<input type="checkbox"/> <b>FALL SEMESTER</b> YEAR: _____	<input type="checkbox"/> <b>SPRING SEMESTER</b> YEAR: _____	<b>CYPRESS FULLERTON NOCE</b>	_____ Specify Department

**LIST IN PRIORITY ORDER, BY COURSE NUMBER AND TITLE (e.g., MATH 101), THE COURSES AND/OR LAB ASSIGNMENTS YOU ARE INTERESTED IN TEACHING FOR THE SEMESTER:**

You must specify each course and/or lab you would be willing to assume as an assignment:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**CC/FC: HOW MANY UNITS (LHE) ARE YOU INTERESTED IN TEACHING?** \_\_\_\_\_ (Max Request is 67% or 10 LHE)  
**NOCE: HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN TEACHING?** \_\_\_\_\_ (Max Request is 67% or 16.5 hrs/wk)

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 <u>any</u> 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

<b>DIVISION OFFICE USE</b>	Date Received: _____	By: _____
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