



Part -time faculty

ACADEMIC YEAR SCHEDULE AVAILABILITY REQUEST FORM

Last name:	First name:
Discipline:	Name of Dean/Director :
Telephone:	Email:

Semester: ____ Fall ____ Spring _____ (YEAR)

Directions: For each day of the week, indicate the times you are available to teach , as well as your preference for which course(s) to teach. Please submit by email to your dean /supervisor , by these du e

1	Available time blocks, e.g. 7:00 am- 2:00 pm; 6:00 pm-10:00 pm
2	Open (Available any time)
3	N/A (not available any time)
4	Available for online

MON	
TUES	
WED	
THUR	
FRI	
SAT	

II. Preferred classes to teach: Indicate, in order of preference, the class(es) that you prefer to teach. Please use course numbers, e.g., CHM -22. Please also specify face-to-face, fully online, or hybrid.

1. _____ 2. _____ 3. _____

A part-time faculty member can be scheduled up to 67% of a full -time load (10 equated units) . IF AVAILABLE, do you want to be scheduled for the maximum number of units? ____ YES ____ NO

If "no," what is the MAXIMUM number of units you wish to be scheduled? _____

All part -time faculty members must complete this form to be considered for employment.

NAME: _____ FACULTY I.D.# _____

DATE: _____