

**APPENDIX U**

**REQUESTING OR DECLINING A GUARANTEED SUMMER ASSIGNMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

**Instructional and Library Faculty Member Request (Due by 3/1)**

<input type="checkbox"/> Requests a guaranteed summer assignment for:  State any preferences below.	<input type="checkbox"/> Declines a guaranteed summer assignment
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\_\_\_\_\_  
Instructional or Library Faculty Member

\_\_\_\_\_  
Date

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**Immediate Supervisor Response (Due by 3/15)**

Request Accepted as submitted

Available Summer Assignment (list below)

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

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**Faculty Member Response (Due by 4/1)**

\_\_\_\_\_ Assignment Accepted

\_\_\_\_\_ Assignment Declined

\_\_\_\_\_  
Instructional or Library Faculty Member

\_\_\_\_\_  
Date

**APPENDIX U**

**REQUESTING OR DECLINING A SUMMER ASSIGNMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

**Counseling Faculty Member Request (Due by 3/1)**

_____ Requests a guaranteed summer assignment of 120 hours to be scheduled in coordination with the 164-day contract.	_____ Declines a guaranteed summer assignment.
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\_\_\_\_\_  
Counseling Faculty Member

\_\_\_\_\_  
Date

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**Supervisor Response (Due by 3/15)**

\_\_\_\_\_ Request Accepted with 120 hours scheduled as shown on the attachment.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Vice President, Academic and Student Affairs

\_\_\_\_\_  
Date

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**Counseling Faculty Member Response (Due by 4/1)**

\_\_\_\_\_ Assignment Accepted

\_\_\_\_\_ Assignment Declined

\_\_\_\_\_  
Counseling Faculty Member

\_\_\_\_\_  
Date

**APPENDIX U**

**REQUESTING OVERLOAD ASSIGNMENT  
OUTSIDE OF THE FACULTY MEMBER'S DEPARTMENT**

Name \_\_\_\_\_

Date \_\_\_\_\_

Faculty Member Request (Be specific including department(s), course(s), timeframe, and benefits to the faculty member and the College).

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date