

APPENDIX U

REQUESTING OR DECLINING A GUARANTEED SUMMER ASSIGNMENT

Name _____ Date _____

Department _____

Instructional and Library Faculty Member Request (Due by 1/15)

Requests a guaranteed summer assignment for: ____ session A (12 weeks) ____ session B (first 6 weeks) ____ session C (last 8 weeks) ____ session D (last 6 weeks)	____ Declines a guaranteed summer assignment
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Instructional or Library Faculty Member _____ Date

Immediate Supervisor Response (Due by 2/15)

- ____ Request Accepted as submitted
- ____ Alternate assignment available for:
 - ____ session A (12 weeks)
 - ____ session B (first 6 weeks)
 - ____ session C (last 8 weeks)
 - ____ session D (last 6 weeks)
 - ____ combination of sessions ____ and ____
 - ____ minimum total of _____ hours, schedule TBA

Immediate Supervisor _____ Date

Dean/Vice President of Academic Affairs _____ Date

Faculty Member Response (Due by 3/1)

- _____ 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 1/15)

_____ 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

Supervisor Response (Due by 2/15)

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

Supervisor _____ Date

Dean/Vice President, Student Affairs _____ Date

Counseling Faculty Member Response (Due by 3/1)

_____ 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).

Supervisor _____

Date _____

_____ Recommend Approval

_____ Recommend Disapproval (must include an explanation)

Dean _____

Date _____

_____ Approved

_____ Disapproved (must include an explanation)