Administrator/Classified Staff Adjunct Faculty Assignment Approval Form

Employee’s Name:

Division:

Campus:

Semester:

Course Title:

CRN:

Course day and time:

Is this teaching assignment during the employee’s normal full-time employment work hours? 🗆 No 🗆 Yes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No |  | Approved | Denied | Signatures | Date |
|  | Employee |  |  |  |  |
|  | Supervisor |  |  |  |  |
|  | Department Administrators  |  |  |  |  |
|  | Vice President of Academic Affairs |  |  |  |  |
|  | Comments |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Yes |  | Approved | Denied | Signatures | Date |
|  | Extenuating circumstances: |  |
|  | Division Chair |  |  |  |  |
|  | Employee |  |  |  |  |
|  | Supervisor |  |  |  |  |
|  | Adjusted work schedule |  |
|  | Department Administrator |  |  |  |  |
|  | Human Resource Director |  |  |  |  |
|  | Vice President of Academic Affairs  |  |  |  |  |

*Original-Employee File Copy-Employee and Division Chair*