REQUEST FOR INSTRUCTIONAL STAFF WORK ASSIGNMENT ADJUSTMENT

DEAN/DIRECTOR: ___________________________ SEMESTER: ___________________________

INSTRUCTOR NAME: ___________________________

PROGRAM AREA: ___________________________

CLASSROOM ONLY INSTRUCTIONAL HOURS (OPTIMAL 15-20): ____________

CLASSROOM, LAB, &/OR CLINICAL INSTRUCTIONAL HOURS (OPTIMAL 15-30) ____________

TOTAL HOURS PER WEEK EXCEEDING OPTIMAL LOAD: ____________

REASON FOR REQUEST:

   _____ ACCREDITING AGENCY GUIDELINES
   _____ NO CREDENTIALED ADJUNCT FACULTY AVAILABLE
   _____ OTHER. EXPLANATION:

ADDITIONAL COMPENSATION: ____________ HOURS @ _ = ____________

DEAN/DIRECTOR ___________________________ DATE ____________

   _____ APPROVED   _____ DENIED

__________________________________________ DATE ____________

TERESA COLEMAN, VPAA ___________________________