

## APPENDIX PT-5

### PART-TIME FACULTY STAFFING PREFERENCE FORM

DATE: \_\_\_\_\_

If you are interested in an adjunct assignment, please complete this form and return it to your department chair prior to the deadline established by your department, per Article 25.7.6 of the UF/CCCCD Contract. Please note that in the fall and spring semesters, all hourly assignments are limited to 67% of a full-time load district-wide. Thank you for your interest. Not turning in this form does not change modal load or preference.

Name: \_\_\_\_\_ Department and College: \_\_\_\_\_

Scheduling for the up-coming Semester:    Fall   Spring                      Year: \_\_\_\_\_

- ☐ I am requesting the same schedule I had last fall/spring.  
☐ I am requesting a change in my schedule.  
☐ I would like to add a class or increase my load if there is an opportunity.

Preferred schedule for next semester:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Teaching Assignments for Last Two Semesters (not counting summer):

Fall (year: \_\_\_\_\_): \_\_\_\_\_  
\_\_\_\_\_

Spring (year: \_\_\_\_\_): \_\_\_\_\_  
\_\_\_\_\_

Modal Load (if known): \_\_\_\_\_

Courses I have taught in the Department previously:

\_\_\_\_\_  
\_\_\_\_\_

Additional courses for which I am qualified and would like to teach:

\_\_\_\_\_  
\_\_\_\_\_

SUMMER:

Are you available and interested in an assignment in the summer session?                      Yes    No

If yes, are you available for assignments on nights or on Saturdays?                      Yes    No