

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