

APPENDIX PT-4

DEPARTMENT UNABLE TO OFFER HISTORICAL LOAD FORM

Dear Faculty Member:

This letter is to inform you that the _____ Department
at _____ College, in which you have staffing preference, is unable to offer you your full
historical load for the upcoming semester: _____.
Fall/Spring, Year

According to our records, your historical load (modal load or median load, per Article 25 of the
UF/CCCCD Contract) is

_____.

However, the Department is only able to offer you the following schedule/load for the coming semester:

☐ We have verified that no part-time faculty without staffing preference have been offered load that
should have been offered to you, per Article 25 of the UF/CCCCD Contract.

The Department hopes to be able to return you to your historical load in the future. If you have questions
about the information communicated by this form or want to review your rights under the contract, please
contact your United Faculty representative.

CC: United Faculty of CCCC; Division Dean or Office of Instruction