AVAILABILITY STATEMENT

ADJUNCT UNIT MEMBERS

To: __________________________________________ Date: ____________________________

From: _______________________________________ Division & Dept. ______________________

I. Check all that apply:

☐ A. I am interested in an adjunct assignment as indicated in section II below.

☐ B. I will NOT be available for an adjunct assignment until ________________(Non-availability cannot exceed four semesters).

II. If you checked item A above, please indicate your course, day and time availabilities:
    Check session and indicate year:
        ☐ Summer_____ ☐ Fall______ ☐ Wintersession______ ☐ Spring____

A. In order of preference, list the courses you would like to teach:

____________________________________________________________________
____________________________________________________________________

B. Check the times you are available:

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C. If you have specific time, day, or course restrictions or special considerations, please note them here:

____________________________________________________________________
____________________________________________________________________

D. Online Assignments:

☐ I am not currently available for online assignments

☐ I am available to teach the following courses/assignments in an online format: _______

____________________________________________________________________

Signature: ___________________________ Date: ______________________

RETURN THIS FORM TO DIVISION OFFICE

Revised 3/18/08
2010-13 Contract