## **CERRITOS COLLEGE** Part-time CLI Faculty SCHEDULE AVAILABILITY FORM

1 2 3				
Name:	Divisio	on:	Department:	
Contact Information:	Telephone:	Er	Email:	
F	Please complete a form for	each applicab	le semester.	
Term:     Fall Year:	Spring Y	ear:	□ Summer Year:	
,	ppropriate days and times Department Chair as follo	•	ailable. This schedule availabili	
Fall	The Friday of the to the start of Fall	The Friday of the tenth week prior to the start of Fall		
Spring		The Friday of the tenth week prior to the start of Spring		
Summer Sessions	The Friday of the to the start of Sum	r		

next semester.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
List the specific times you are available for each day.						

1) Provide any comments that might assist in the scheduling process.

3) Choose the formats you would like to work in (choose all that apply).						
□ Traditional In-Person	□ Online					
Specify the number of hours you would like to work [] within the maximum allowable by law. (Per Education Code 87482.5, part-time Faculty cannot teach more than 67% of the hours of a full-time load, which amounts to 10 LHE per week)						
Individuals who submit a completed schedule availabil satisfactory job performance will be placed in a pool to employment and assignment based on criteria outlined Time Faculty Re-employment/Assignment. The submispreferences are met, nor does it guarantee employment.	receive first consideration for red in CCFF CBA Article 13: Temporary Part- ssion of this form does not guarantee that					
Print your name	Sign your name					
Date						