Cerritos College

Part-time Faculty

# **SCHEDULE AVAILABILITY REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Division: | | Department: |
| Contact Information: | Telephone: | | Email: | |

Semester:  Fall  Spring

1) Please fill in the appropriate days and times you will be available. This schedule availability request is due in the Division office as follows:

For Fall semester assignment **February 1st** of each year.

For Spring semester assignment **September 1st** of each year.

**(List the times you are available below)**

|  |  |
| --- | --- |
|  | **Classes are offered from 6:30am until 10:00pm  (per department schedule)** |
| *Sample 1* | *8:00am - 4:00pm, 5:00pm -7:00pm* |
| *Sample 2* | *Available any time (mornings preferred)* |
|  |  |
| **M****ON** |  |
| **TUES** |  |
| **WED** |  |
| **THUR** |  |
| **FRI** |  |
| **SAT** |  |

2) Please list in order of preference your top three choices for classes that you would like to teach.

|  |  |  |
| --- | --- | --- |
| #1 | #2 | #3 |
|  |  |  |

3)  Check if you are interested in teaching classes within the department not listed as one of your preferences.

For additional information pertaining to Reemployment/Assignment, please refer to [Article 13 of the CCFF collective bargaining agreement](http://cms.cerritos.edu/uploads/hr/CCFF%20Collective%20Bargaining%20Agreement/CCFF_Faculty_Contract_7_1_2015_to_6_30_2018_v2.pdf).

|  |  |  |
| --- | --- | --- |
|  |  |  |

Print your name Sign your name

|  |
| --- |
|  |

Date