

CERRITOS COLLEGE PART-TIME CLI

FACULTY SCHEDULE AVAILABILITY FORM

- ☐ If employed by more than one department, check here and complete forms for each department. Indicate departments for which requests are being submitted below:

1. _____
2. _____
3. _____

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

Please complete a form for each applicable semester.

Term: ☐ Fall Year: _____ ☐ Spring Year: _____ ☐ Summer Year: _____

- 1) Please identify the appropriate days and times you will be available. This schedule availability request is due to the Department Chair as follows:

FALL	June 1 st at 11:59pm
SPRING	November 1 at 11:59pm
SUMMER SESSIONS	April 1 st by 11:59pm

You can only be scheduled during the appropriate hours for the program you are submitting the availability for. Check with your department/program chair for the operating hours for the next semester.

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

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

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 availability form by the deadline date and who have satisfactory job performance will be placed in a pool to receive first consideration for re-employment and assignment based on criteria outlined in CCFF CBA Article 13: Temporary Part-Time Faculty Re-employment/Assignment. The submission of this form does not guarantee that preferences are met, nor does it guarantee employment with the District.

PRINT YOUR NAME

SIGN YOUR NAME

DATE