

Multiple Position Request for Full-Time Instructional Staff

Please fill out the form completely, and attach an updated and approved Multiple Position Reporting form before submitting to the Office of Academic Affairs for approval to minimize any delays.

Name _____ Title _____ Tenured/CCE Yes No
 Department _____ Unit _____
 Semester: Fall _____ Winter Session _____ Spring _____ Summer Session _____

ASSIGNMENT

Current Workload Hours (*faculty only*) _____ Multiple Position Assignment Start Date _____

Non-Teaching _____

Purpose of assignment

*Total Non-Teaching Hours _____

Teaching

Assigned Department/Unit _____

Course # _____ Section # _____ Contact Hours _____ Weekend or Online

Course # _____ Section # _____ Contact Hours _____ Weekend or Online

Course # _____ Section # _____ Contact Hours _____ Weekend or Online

*Total Contact Hours (*weekly*) _____ *Total Instructional Hours (*semester*) _____

*Justification for request (*Attach additional page/s as needed*)

I attest that this assignment is within the Multiple Position Policy Statement limitations for my title. _____
Initial Here

APPROVAL (*Please print for signatures*)

Department Chairperson/Director

Print Name
Signature
Date

Division Vice President

Signature
Date