

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT Office of Academic Services



Assignment Preference Form: Part-Time Faculty

If you are interested in a Part-time Faculty assignment, please complete this form and email it back to your Administrator no later than the first Friday of November. This does not guarantee an assignment outside of what is available.

Please note that in the Fall and Spring Semesters, all hourly assignments are limited to sixty-seven percent (67%) of a Full-time Load, District-wide.

Thank you for your interest.

(Please Print)			Discin	oline:			
Name: I am interested in the following assignment(s):				nseling			☐ Dual Er
Are you available for an assignr	nent in the sum	mer sessioı	1?	☐ Yes			No
Are you available for an assignr	nent in the wint	er session?		☐ Yes			No
Please provide the blocks of to preference for one time slot does not assignment if you leave all time slots blocks.	guarantee you wi						
Summer Session (enter ye	ar):						
SESSION	7:30 am – 12:0	0 pm 12:00 p	om – 3:00 pm	3:00 pi	m – 6:45 pm	afte	r 6:45 pm
Early Five-Week Session							
Six-Week Session							
Eight-Week Session							
Ten-Week Session							
Late Five-Week Session							
l would prefer (<mark>please mar</mark> Maximum Allowed As	, 	•	t 2 as	ssignme	nts 3	assig	nments
Winter Session (enter year):						
SESSION	7:30 am – 12:0	0 pm 12:00 p	om – 3:00 pm	3:00 pi	m – 6:45 pm	afte	r 6:45 pm
Early Five-Week Session							

Fall Semester (enter year):				
DAYS	7:30 am – 12:00 pm	12:00 pm – 3:00 pm	3:00 pm – 6:45 pm	after 6:45 pm
Mondays and Wednesdays				
Mondays, Wednesdays and Fridays				
Tuesdays and Thursdays				
Fridays				
I would prefer (please marl Maximum Allowed As	· —	gnment 2 as	signments 3	assignments
Spring Semester (enter year	ar):			
DAYS	7:30 am – 12:00 pm	12:00 pm – 3:00 pm	3:00 pm – 6:45 pm	after 6:45 pm
Mondays and Wednesdays				
Mondays, Wednesdays and Fridays				
Tuesdays and Thursdays				
Fridays				
I would prefer (please mark Maximum Allowed As	· —	gnment 2 as	signments 3	assignments
Courses I have taught in the course number and title):	Discipline within t	he previous two (2) years (Please ind	clude catalog
Additional courses for which	l am qualified to te	ach in this Disciplir	ne:	
Online Courses: Indicate which modalities (Article	e 19A.1) you are willi	ng to teach in:		
☐ Face to Face ☐ Synchron	, •		☐ Hyflex	
Indicate previous training in thes	•		•	
☐ Online course delivery via @			nabot's COOL progra	am (Article 19H.1)
Please specify @ONE		_		
☐ Hyflex instruction (Article 19A				

☐ Other, please specify (e.g. training obtained in	another district, etc., please specify dates)
Courses I would like to teach in priority order	
Course name/number:	
Course name/number:	☐ I have taught this class online
Course name/number:	☐ I have taught this class online
Course name/number:	☐ I have taught this class online
Course name/number:	□ I have taught this class online
Course name/number:	☐ I have taught this class online
(Please note: stating your preferred courses does not guaran be assigned to the instructor approved to teach the course the	ntee an assignment in that course. Additionally, OEI courses shall only brough the OEI approval process.)
	nts to any of your preference above. (For example: "In s or before 10:00 am," OR :On Tuesdays I can only teach
Chabot and/or LPC? ☐ Yes ☐ No	assignment preference form in another division at
If yes, give division:	
Location (check all that apply): U Chapot U	LPC Effective: □ Summer □ Fall □ Spring
I am available to substitute as needed (subje	ect to preferences above): Yes No
Are you willing to teach large lecture classes	s: Yes No (please include notes below if needed)
For counselors: I am interested in participating Yes No	ng in orientation and program planning sessions.
Contact information (All offer made only v	via official college issued email address):
Print Name:	Date://
Address:	
Home Phone: ()	Alternative Phone: ()
College Issued E-mail address:	
	Date:/
Please note: The above contact information is for response	to this document only and does not constitute a change in District person ntact information should be made as soon as possible through the Office
Note: Receipt of this form does	s not constitute a commitment by the college

Note: Receipt of this form does not constitute a commitment by the college to offer any part-time teaching assignments. Completed forms are to be emailed back to appropriate Administrator by the first Friday of November. These forms are the primary source for determining staff availability each term. All assignments will be made in accordance with Article 18B (Employment Rights) and Article 18C (Offer of Employment) of the Faculty Collective Bargaining Agreement. Each year, seniority lists for Part-time Faculty are posted in each division by November 10th.

Important: If circumstances change after submitting this preference form, it is the responsibility of the unit member to contact his/her Dean to update the information given herein.

Division:	_ 🗖	□ Chabot			□ LPC		
Administrator signature:	_ Date	e:	_/_		/		

Please return completed forms to your Administrator via Email by the first Friday of November.

Reference: Article 18B.3, 18C.3 – Faculty Collective Bargaining Agreement