

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 after the start of the Spring Semester. 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) Name:		Discir	oline:	
I am interesting in the following a	assignment(s):	-	☐ Counseling	☐ Librarian
Are you available for an assignn	nent in the summer	-	☐ Yes	□ No
Please provide the blocks of t preference for one time slot does not assignment if you leave all time slots bla	guarantee you will rece			
Summer 2023 Session:				
SESSION	7:30 am – 12:00 pm	12:00 pm – 3:00 pm	3:00 pm – 6:45 pm	after 6:45 pm
Early Five-Week Session				
Six-Week Session				
Eight-Week Session				
Ten-Week Session				
Late Five-Week Session				
l would prefer (please mar Maximum Allowed A			ssignments 3a	assignments
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 (<mark>please mar</mark> Maximum Allowed A	· —		ssignments 3	assignments

Spring 2024 Semester:

Mondays and Wednesdays Mondays, Wednesdays and Fridays Tuesdays and Thursdays Fridays I would prefer (please mark Maximum Allowed As Courses I have taught in the I course number and title):	ynchronous Only	· · · · · · · · · · · · · · · · · · ·		assignments
Tuesdays and Thursdays Fridays I would prefer (please mark Maximum Allowed As Courses I have taught in the I	ynchronous Only	· · · · · · · · · · · · · · · · · · ·		assignments
Fridays I would prefer (please mark Maximum Allowed As Courses I have taught in the I	ynchronous Only	· · · · · · · · · · · · · · · · · · ·		assignments
I would prefer (please mark Maximum Allowed As Courses I have taught in the I	ynchronous Only	· · · · · · · · · · · · · · · · · · ·		assignments
Maximum Allowed As Courses I have taught in the I	ynchronous Only	· · · · · · · · · · · · · · · · · · ·		assignments
•	Discipline within t	he previous two (O) veers (Diseas in	
			2) years (Please inc	clude catalog
Additional courses for which I	am qualified to te	each in this Discipl	ine:	
Online Courses:				
Indicate which modalities (Article	, •			
☐ Face to Face ☐ Synchrono	•		☐ Hyflex	
 Indicate previous training in these □ Online course delivery via @0 Please specify @ONE T □ Hyflex instruction (Article 19A. □ Other, please specify (e.g. training in these 	ONE classes, LPC's raining Type: 1(h))	s OCDP Program, C		am (Article 19H.1)
Courses I would like to teach i			I have taught this I have taught this I have taught this I have taught this	class online class online

(Please note: stating your preferred courses does not guarantee an assignment in that course. Additionally, OEI courses shall only be assigned to the instructor approved to teach the course through the OEI approval process.)

Please note any limitations or other comments to any of your preference above. (For example: "In the fall semester, I am unavailable on Tuesdays or before 10:00 am," OR, "On Tuesdays I can only teach online prior to 11:00 am.")	
Have you submitted or will you submit an assignment preference form in another division at Chabot and/or LPC? ☐ Yes ☐ No	
If yes, give division:	
$\textbf{Location} \ \textit{(check all that apply)} : \ \square \ \ \textbf{Chabot} \ \ \square \ \ \textbf{LPC} \qquad \textbf{Effective:} \ \square \ \ \textbf{Summer} \square \ \ \textbf{Fall} \square \ \ \textbf{Spring}$	
I am available to substitute as needed (subject to preferences above): ☐ Yes ☐ No	
Are you willing to teach large lecture classes: Yes No (please include notes below if needed)	d)
For counselors: I am interested in participating in orientation and program planning sessions. □ Yes □ No	_
Contact information (all offers made only via official college issued email address):	
Print Name: Date://	
Address:	
Home Phone: () Alternative Phone: ()	
College Issued E-mail address:	
Signature:	
Please note: The above contact information is for response to this document only and does not constitute a change in District person records. Changes in phone numbers, address or other contact information should be made as soon as possible through the Office Human Resource.	
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 after the start of the Spring Semester. 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 10 th .	f t
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 LF	ъС
Administrator signature: Date:/	

Please return completed forms to your Administrator via Email by the first Friday after the start of the Spring Semester.