Request for Approval and Payment for Adjunct Ancillary Activities

Instructions

The initiator, the Department or Division Chair, and the AFT 1521 Chapter President will consult to develop the assignment plan prior to request submission.

Submit completed request form and relevant attachments to the College President or designee.

Requests will be approved or denied by the College President or designee within ten (10) working days after submission.

Upon approval or denial, the College President or designee shall send copies of this form to the initiator, the Department or Division Chair, the AFT 1521 Chapter President, the college academic senate president, and the adjunct faculty member. **The receipt of an approved project assignment is required before work may begin.**

I, Initiator:

Type of Request (Choose one):

        Department Adjunct Representative

        Appointed Committee Participant

        Ancillary Activity Assignment

Date of request:

Phone: Email:

Division or Department:

Project Lead (if applicable):

Phone: E-mail:

Project Description (attach statement)

1. Describe the assignment and why it is important to the college.
2. State the rationale for hiring an adjunct instructor to perform these ancillary duties. For department projects, include the Full-Time or Part-Time ratio.
3. State the necessary knowledge, skills and abilities of a successful applicant for this assignment.
4. State the agreed upon hours as noted in the plan above.
5. Identify the assignment completion date.

Acknowledgement of Consultation

Initiator Name:

Initiator Signature:

                                                                                    Date

Department or Division Chair Name:

Department or Division Chair Signature:

                                                                                    Date

AFT 1521 Chapter President Name:

AFT 1521 Chapter Signature:

                                                                                    Date

College President Processing Status (Choose one):

           Approved. Assignment start date:

           Denied. Rationale for denial (required):

      College President Name:

      College President Signature:

                                                                                    Date