

STAFF TEACHING APPROVAL FORM

Academic Year:

Term:

Employee Name:

Manager Name:

Existing Teaching Obligation

Do you have teaching responsibilities as part of your primary job description?

YES

NO

If yes, provide details for existing obligation:

Eligibility

Employee and manager affirm the following eligibility requirements:

Employee's primary role is exempt from overtime requirements

Employee has been employed for at least twelve months

Employee received at least a Satisfactory overall rating in their most recent annual review

Employee has not been formally disciplined in past 12 months

Course Information

Course Name:

Days:

Start/End Times:

Work Schedule

Employee understands they may teach during normal work hours if they are willing to make up lost time with a revised work schedule. A written explanation of the revised work schedule is as follows:

Acknowledgements

The undersigned have discussed the employee's interest in an adjunct teaching assignment and acknowledge they understand the guidelines set forth in Policy 211 Staff Teaching.

Employee Signature:

Date:

Manager Signature:

Date: