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 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: _____ **Discipline:** _____

I am interested in the following assignment(s): ☐ Instruction ☐ Counseling ☐ Librarian ☐ Dual Enrollment

Are you available for an assignment in the **summer session**? ☐ Yes ☐ No

Are you available for an assignment in the **winter session**? ☐ Yes ☐ No

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Please provide the blocks of times and days you are available for your assignment(s). (Note: selecting a preference for one time slot does not guarantee you will receive an assignment in that slot. You will not be considered for an assignment if you leave all time slots blank.)

Summer Session (enter year): _____

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				

I would prefer (please mark one): ☐ 1 assignment ☐ 2 assignments ☐ 3 assignments ☐ Maximum Allowed ☐ Asynchronous Only

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Winter Session (enter year): _____

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				

I would prefer (please mark one): ☐ 1 assignment ☐ 2 assignments ☐ 3 assignments ☐ Maximum Allowed ☐ Asynchronous Only

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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 mark one): ☐ 1 assignment ☐ 2 assignments ☐ 3 assignments
☐ Maximum Allowed ☐ Asynchronous Only

Spring 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 mark one): ☐ 1 assignment ☐ 2 assignments ☐ 3 assignments
☐ Maximum Allowed ☐ Asynchronous Only

Courses I have taught in the Discipline within the previous two (2) years (Please include catalog course number and title):

_____

_____

Additional courses for which I am qualified to teach in this Discipline:

_____

_____

Online Courses:

Indicate which modalities (Article 19A.1) you are willing to teach in:

☐ Face to Face ☐ Synchronous Online ☐ Asynchronous Online ☐ Hyflex

Indicate previous training in these modalities of instruction:

☐ Online course delivery via @ONE classes, LPC's OCDP Program, Chabot's COOL program (Article 19H.1)

Please specify @ONE Training Type: _____

☐ Hyflex instruction (Article 19A.1(h))

☐ 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:_____ ☐ 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
Course name/number:_____ ☐ I have taught this 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: _____

Location *(check all that apply)*: ☐ Chabot ☐ LPC **Effective:** ☐ Summer ☐ Fall ☐ 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)*

For counselors: I am interested in participating in orientation and program planning sessions.
☐ Yes ☐ No

Contact information (All offer made only via official college issued email address):

Print Name: _____ Date: _____

Address: _____

Home Phone: (_____) _____ Alternative Phone: (_____) _____

College Issued E-mail address: _____

Signature: _____ Date: _____

Please note: The above contact information is for response to this document only and does not constitute a change in District personnel records. Changes in phone numbers, address or other contact information should be made as soon as possible through the Office of 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 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: _____

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