



ADJUNCT CLASS ASSIGNMENT & CHECKLIST FORM

ACADEMIC YEAR: 2016-2017

FALL 2016

ALL SECTIONS MUST BE COMPLETELY FILLED IN FOR PROCESSING

SECTION 1: INSTRUCTOR INFORMATION

NAME: _____ BANNER ID#: _____

PHONE #: _____ E-MAIL: _____ (GCC email is the official email)

SECTION 2: COURSE ASSIGNMENT

DEPARTMENT (PLEASE CHECK MARK): ☐ ALLIED HEALTH ☐ AUTOMOTIVE SERVICES ☐ CONSTRUCTION TRADES
☐ EDUCATION ☐ ENGLISH ☐ MATH & SCIENCE ☐ TECHNOLOGY ☐ TOURISM & HOSPITALITY
☐ BUSINESS & VISUAL COMMUNICATION ☐ CRIMINAL JUSTICE & SOCIAL SCIENCES

COURSE ASSIGNMENT -YOU ARE SCHEDULED TO TEACH THE FOLLOWING CLASS(ES):

CRN	COURSE SECTION	COURSE TITLE	CREDIT	DAYS	TIME	ROOM	MAX

NOTE: A course may be removed from an Adjunct Faculty member's schedule if the course is needed to complete a full-time faculty member's course load or if a course is cancelled for under-enrollment.

SECTION 3: UNDER-ENROLLED COURSE(S)

FOR EACH CATEGORY, INDICATE YOUR WILLINGNESS TO TEACH AT A REDUCED RATE SHOULD THE COURSE ENROLLMENT FALL BELOW (13) STUDENTS

12-10 STUDENTS	9-7 STUDENTS	6 OR FEWER STUDENTS
75% Pay of Adjunct Faculty Level Circle one: Yes No Initial: _____	50% Pay of Adjunct Faculty Level Circle one: Yes No Initial: _____	\$500 Flat Rate Circle one: Yes No Initial: _____

SECTION 4: TB CLEARANCE

Has TB Clearance until _____
Expiration Date **Nurse's Signature** **Date**

SECTION 4: ASSIGNMENT ACCEPTANCE

READ ALL STATEMENTS AND CHECK ALL BOXES THAT APPLY:

- ☐ I read the Adjunct Faculty Handbook ☐ I attended the Adjunct Faculty Orientation
- ☐ I completed an updated employee emergency and consent form
- ☐ I have received the following from my department Chair: ☐ textbook ☐ Course Guide ☐ other materials
- ☐ I have received a syllabus or ☐ submitted a course syllabus
- ☐ I am aware that it is a requirement to sign a formal contract and ☐ that each course I teach requires a separate contract. **Failure to sign will delay compensation**
- ☐ I am aware that at the end of the semester, I will complete a Clearance Form (obtained from the DC)
- ☐ I understand that annual TB Clearance is a condition of employment and that it is my responsibility to submit clearance prior to the start of classes. I understand that I will not be allowed in the classroom without clearance.
- ☐ I am aware that the Final Clearance Form must be completed, signed, and submitted for a timely release of my final pay.
- ☐ I understand that the first paycheck will be released on _____ The final grades are due on _____ and the last paycheck will be released on _____.

I HAVE READ THE STATEMENTS, UNDERSTAND THE CONDITIONS OF THE ASSIGNMENT AS OUTLINED ABOVE, AND UNDERSTAND MY RESPONSIBILITIES AS AN ADJUNCT FACULTY MEMBER OF GCC.

Instructor's Signature _____ Date _____

Department Chairs/Program Administrator - Please ensure that form is completely filled out before submission to the Dean's Office

Department Chair/Program Administrator _____ Date _____ Dean _____ Date _____