



# ADJUNCT CLASS ASSIGNMENT & CHECKLIST FORM

ACADEMIC YEAR: 2016-2017

Spring 2017

**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

**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 \_\_\_\_\_