

## GCC ADJUNCT CLASS ASSIGNMENT AND CHECKLIST FORM

INSTRUCTOR		DEPARTMENT	
ACADEMIC YEAR	SEMESTER	FALL / SPRING	LOCATION
EMPLOYEE BANNER #:	PHONE #		EMAIL

❖ COURSE ASSIGNMENT

***You are currently scheduled to teach the following class:***

CRN	Course/Section	Course Title	Cr	Days	Time	Room	Max

**Note:** This 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.

❖ **UNDER-ENROLLED COURSES:**

*Indicate your willingness to teach at a reduced rate if the course enrollment is below thirteen (13) students.*

<b>12, 11 or 10 students</b> <b>75% of Adjunct Faculty Level</b>	<b>9, 8 or 7 students</b> <b>50% of Adjunct Faculty Level</b>	<b>6 or less students</b> <b>Flat Rate of \$500</b>
<b>Circle one: YES / NO</b> <b>Initial:</b>	<b>Circle one: YES / NO</b> <b>Initial:</b>	<b>Circle one: YES / NO</b> <b>Initial:</b>

❖ **COMPENSATION DETAILS**

<b>First paycheck</b>		<b>Final Grades due</b>		<b>Final Paycheck</b>	
<b>released on:</b>	<b>March 14</b>	<b>on:</b>	<b>May 12</b>	<b>released on:</b>	<b>May 23</b>

## ❖ ASSIGNMENT ACCEPTANCE

Carefully read and check off the following items. Sign the form at the end of the statements to indicate your willingness to accept a specific assignment as an Adjunct Faculty Member at GCC.

- ☐ I read and understand the Adjunct Faculty Guide and/or attended the Adjunct Faculty Orientation.
- ☐ I submitted a TB clearance. (Test can be done at the Student Health Center). This is a condition of employment.
- ☐ I completed an updated employee emergency and consent form.

*Check off and initial all that apply:*

- ☐ I have faculty textbook editions \_\_\_\_\_, course guides \_\_\_\_\_, and other materials \_\_\_\_\_ from the DC.
- ☐ I have received \_\_\_\_\_ or turned in \_\_\_\_\_ a course syllabus to the DC.
- ☐ I am aware that I am still required to sign a formal contract. **Failure to sign the contract will delay any compensation to Adjunct Faculty Members.** Each course I teach will require a separate contract.
- ☐ At the end of the semester I will pick up and complete a Clearance Form from the DC. The completed and signed clearance form will result in a timely release of the final check.

I read and understood the items listed above.

I am aware of my responsibilities as an Adjunct Faculty Member at GCC.

I accept the assignment as listed above.

---

**Instructor's Signature**
**Date**

**Approved by Department Chair:**

**Approved by Dean:**

Date \_\_\_\_\_

---

**Date**