

Multiple Position Request for Full-Time Instructional Staff

Please fill out the form <u>completely</u>, and attach the faculty member's updated and approved Multiple Position Reporting form <u>before</u> submitting to the Office of Academic Affairs for approval to minimize any delays.

Name	Title		Tenured (faculty only): \square Yes \square No
Department		Unit	
Semester: Fall	☐ Winter Session	Spring	☐ Summer Session
ASSIGNMENT			
Current Workload Hours (faculty only)		Multiple Position Assignment Start Date	
☐ Non-Teaching			
	Purpose of	f assignment	
*Total Non-Teaching Ho	urs		
☐ Teaching			
Assigned Department/U	nit		
Course #	Section #	\square Weekend	or \square Online
Course #	Section #	☐ Weekend	or \square Online
*Total Contact Hours (we	eekly)*Total In	structional Hours (seme	ester)
Justification for request	(Attach additional page/s as need	ded)	
☐ I attest that this assign	nment is within the Multiple Posit	tion Policy Statement lim	nitations for my title
			Initial Here
APPROVAL (Please print)	for signatures)		
Department Chairperson,	/Director		
Print Name		Signature	Date
Division Vice President			
Signature		Date	