

## Multiple Position Request for Full-Time Instructional Staff

Please fill out the form completely, and attach an updated and approved Multiple Position Reporting form before submitting to the Office of Academic Affairs for approval to minimize any delays.

Name \_\_\_\_\_ Title \_\_\_\_\_ Tenured/CCE  Yes  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 assignment*

\*Total Non-Teaching Hours \_\_\_\_\_

Teaching

Assigned Department/Unit \_\_\_\_\_

Course # _____	Section # _____	Contact Hours _____	<input type="checkbox"/> Weekend	or	<input type="checkbox"/> Online
Course # _____	Section # _____	Contact Hours _____	<input type="checkbox"/> Weekend	or	<input type="checkbox"/> Online
Course # _____	Section # _____	Contact Hours _____	<input type="checkbox"/> Weekend	or	<input type="checkbox"/> Online

\*Total Contact Hours (*weekly*) \_\_\_\_\_ \*Total Instructional Hours (*semester*) \_\_\_\_\_

\*Justification for request (*Attach additional page/s as needed*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I attest that this assignment is within the Multiple Position Policy Statement limitations for my title. \_\_\_\_\_  
*Initial Here*

**APPROVAL** (*Please print for signatures*)

*Department Chairperson/Director*

_____	_____	_____
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

*Division Vice President*

_____	_____
<b>Signature</b>	<b>Date</b>