



CCFT CONTRACT AGREEMENT
APPENDIX I

AVAILABILITY STATEMENT
ADJUNCT UNIT MEMBERS

To: _____ Date: _____

From: _____ Division & Dept. _____

I. Check all that apply:

- ☐ A. I am interested in an adjunct assignment as indicated in section II below.
- ☐ B. I will NOT be available for an adjunct assignment until _____.
(Non-availability cannot exceed four semesters).

II. If you checked item A above, please indicate your course, day and time availabilities:

Check session and indicate year:

☐ Summer _____ ☐ Fall _____ ☐ Wintersession _____ ☐ Spring _____

A. In order of preference, list the courses you would like to teach:

B. Check the times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

C. If you have specific time, day, or course restrictions or special considerations, please note them here:

D. Online Assignments:

- ☐ I am not currently available for online assignments
- ☐ I am available to teach the following courses/assignments in an online format: _____

Signature: _____ Date: _____

RETURN THIS FORM TO DIVISION OFFICE