

CONTINUING APPOINTMENT TEMPORARY AUGMENTATION REQUEST¹

Name of Continuing Appointee

Department

Academic Year

A. CONTINUING APPOINTMENT BASE (CAB) _____% (annualized)

List the established teaching schedule corresponding to the continuing base appointment.

| Quarter | % Time | Course # / Course Title |
|---------|--------|-------------------------|
| Fall | | |
| | | |
| Winter | | |
| | | |
| Spring | | |
| | | |

B. TEMPORARY CHANGE(S) TO CONTINUING APPOINTMENT BASE (if applicable)

List temporary changes to actual courses taught or the quarter in which the courses are taught for the current academic year. These changes should not result in a change to the annual continuing appointment base percentage.

| Quarter | % Time | Course # / Course Title |
|---------|--------|-------------------------|
| Fall | | |
| | | |
| Winter | | |
| | | |
| Spring | | |
| | | |

C. TEMPORARY AUGMENTATION(S) TO CONTINUING APPOINTMENT BASE

List additional courses to be taught in addition to the continuing base appointment. These changes indicate a temporary change in continuing appointment percentage for the current year only and will not exceed 100%. See Article 7c.B(3) in the MOU.

| Quarter | % Time | Course # / Course Title |
|---------|--------|-------------------------|
| Fall | | |
| | | |
| Winter | | |
| | | |
| Sprng | | |
| | | |

TEMPORARY AUGMENTATION DUE TO:

Check one and explain below

- Temporary and/or unanticipated enrollment fluctuations - *explain below*
- Course coverage due to faculty leave - *note faculty name and type of leave below*
- Course coverage due to emergency - *explain nature of emergency below*
- Course coverage for new LRF not yet scheduled to teach - *provide details below*
- Other departmental programmatic need - *explain details of need below*
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Explanation:

RECAP OF REVISED TEACHING SCHEDULE FOR CURRENT ACADEMIC YEAR

| Quarter | Percentage of Time | | |
|---------|--------------------|----------------|--------------|
| | Total % | Course Listing | CAB* or TEMP |
| Fall | | | |
| | | | |
| | | | |
| Winter | | | |
| | | | |
| | | | |
| Spring | | | |
| | | | |
| | | | |

CAB % _____ * CAB = courses listed in sections A & B; TEMP = courses listed in section C

Endorsed: _____
Department Chair Date

These changes are considered temporary modifications and do not affect the Continuing Appointment Base percentage. Questions regarding benefits eligibility should be directed to the department benefits representative.

I accept the terms of the proposed temporary changes to my appointment as indicated above:

Continuing Appointee Date

Approved: _____
Divisional Dean Date

c: Department Chair
 Provost
 Dean's Office
 Academic Personnel Services

¹This form is not applicable to pre-six agreements.