THE UNIVERSITY OF VERMONT

LECTURER I, II or III
TEACHING AVAILABILITY FORM

Date Received by the Department, College, School or CE

NAME EMPLOYEE ID #							
EMAIL ADDRESS				PHONE			
HOME DEPT COLLEGE/ SCHOOL							
LECTURER (please o	check one)	_lll	III DATE LAS	T TAUGHT			
I am interested in	teaching durin	ng Academic Y	'ear: 201	201 a	nd/or Summer	201	
l am available to	teach these d	ays and times:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fall semester							
* Winter (Dec. — Jan.)							
Spring semester							
*Summer 2 week							
*Summer 4 week							
*Summer 6 week							
*Summer 12 week							
* Refers to Contin	uing Educatior	n coursework c	only				
How many credi	its/ courses a	re you intere	sted in teaching	³ \$			
List the courses o	are vou intere	ested in teach	nina. in order of	preference:			
Relevant informa	ation/ prefer	red delivery	method/specia	I consideration	ns:		
It is the part-time for upcoming academic Availability Form.	year. Refer to	Article 14, Ap	pointments & Assig	nments, for infor	mation concerni	ng the	
Faculty Member's	Signature		Date	•			
Please note these s	submission dec	ıdlines:					
Submit to the depart							
D	ecember 1: Fo	the next acad	emic year (fall an	d spring semest	ers and winter	session)	

CC: Academic Record File

Submit to the Dean of CE with a courtesy copy to the department chair no later than

September 25: For the next summer session