

Date Received in Department
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## TEACHING AVAILABILITY FORM FOR PART-TIME FACULTY REPRESENTED BY UNITED ACADEMICS

NAME \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_  
(IF PREVIOUSLY ASSIGNED; N/A FOR NEW EMPLOYEES)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

DISCIPLINE/ HOME DEPT. \_\_\_\_\_ COLLEGE/ SCHOOL \_\_\_\_\_

RANK & TITLE \_\_\_\_\_ DATE LAST TAUGHT \_\_\_\_\_

Please indicate when you are available to teach during Academic Year: 200\_\_ -- 200\_\_

Available Times & Days		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Fall							
	* Winter Session (January)							
	Spring							
	* Early Summer Session (May)							
	Summer I							
	Summer II							
	* Other							

\* Refers to Continuing Education coursework only.

How many credits/ courses are you interested in teaching? \_\_\_\_\_

List the courses are you interested in teaching, in order of preference:  
\_\_\_\_\_  
\_\_\_\_\_

Relevant information/ preferred delivery method/special considerations:  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to Article 14, Appointments & Assignments, for information concerning the Availability Form. The agreement for Part-time faculty may be found at <http://www.uvm.edu/~facsrcs/?Page=ptcontract.html>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note it is the part-time faculty member's responsibility to return this completed form if interested in receiving an assignment. This form must be submitted to the Department Chair/ Dean or to the Director of Continuing Education (for Continuing Education courses only) no later than:

- December 1: For the next academic year (fall and spring semesters and winter session)
- September 10: For the next summer session