THE UNIVERSITY OF VERMONT

LECTURER I, II or III
TEACHING AVAILABILITY FORM

NAME _______________________________      EMPLOYEE ID # _______________________________

EMAIL ADDRESS _______________________________ PHONE _______________________________

HOME DEPT. ____________________________ COLLEGE/ SCHOOL ____________________________

LECTURER (please check one) ____I ____II ____III         DATE LAST TAUGHT ____________________________

I am interested in teaching during Academic Year: 201______ - 201_____ and/or Summer 201_________

I am available to teach these days and times:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall semester</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Winter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Dec. – Jan.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring semester</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Summer 2 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Summer 4 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Summer 6 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Summer 12 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Refers to Continuing Education coursework only

How many credits/ courses are you interested in teaching? _______________________________

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Relevant information/ preferred delivery method/special considerations:

_____________________________________________________________________________
_____________________________________________________________________________

It is the part-time faculty Lecturer’s responsibility to return this completed form if interested in any assignment for the upcoming academic year. Refer to Article 14, Appointments & Assignments, for information concerning the Availability Form. The Agreement for may be found at http://www.uvm.edu/~facrsrcs/?Page=ptcontract.html

Faculty Member’s Signature          Date

_____________________________________ ___________________________________

Please note these submission deadlines:

Submit to the department chair and also to the Dean of CE no later than

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

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

September 25: For the next summer session

CC: Academic Record File

Form updated September 2013