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:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Fall semester |  |  |  |  |  |  |  |
| \*Winter  (December-January) |  |  |  |  |  |  |  |
| Spring semester |  |  |  |  |  |  |  |
| \*Summer 2-week |  |  |  |  |  |  |  |
| \*Summer 4-week |  |  |  |  |  |  |  |
| \*Summer 6-week |  |  |  |  |  |  |  |
| \* Summer 12-week |  |  |  |  |  |  |  |

\*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:

*Faculty Member’s Signature Date*

**Please note this form is optional. It may be used as part of the Assignment Consultation. Refer to Article 14, Appointments & Assignments for further information. The Agreement may be found at** <https://www.uvm.edu/provost/collective-bargaining-agreement-part-time-unit>