# **College of Education & Social Services (CESS)**

**ALL Part-Time Lecturers and/or NEW Course “Request Form”**

**Purpose**: Please use this form to request ALL Part-Time Faculty hires, ALL Summer Courses and for any NEW Courses PRIOR to posting this in the SOC. The form can be initiated by the Faculty but should be approved by the Program Coordinator in the Department who is supporting the course within CESS.

**Deadlines:**

**Fall sections** – Ideally by SOC departmental draft deadline but no later than **July 1** of approaching Fall.

**Winter sections** – Ideally by SOC Departmental draft deadline but no later than **October 1** of approaching Winter.

**Spring sections** – Ideally by SOC Departmental draft deadline but no later than **Nov 1** of approaching Spring.

**Summer sections** – ideally by SOC Departmental draft deadline but will be considered by priorities noted below:

**Priority Summer SOC Deadlines:**

1) Oct 15- Departmental SOC Editing Deadline

2) Jan 30– Prior to “Go Live” Date of Viewing & Registration via Banner Course Change/Req Form

3) No later than March 1 for the start of all summer sections

**Rates of Pay (Part-Time Lecturers):**

Fall, Winter, Spring & Summer:  
$2,030 (9/1/2019 – 8/31/2020) per credit based on current Part-Time Bargaining Unit rates (PTBU).

Link to PTBU contract: <https://www.uvm.edu/~facrsrcs/?Page=ptcontract.html>

**Rates of Pay (Full-Time Faculty):**Academic year – if on overload = $2,100/credit, and must be on **Faculty’s Part B** of their current work-load form.

Summer - $2,100/credit or 2.75% of faculty base pay (per credit), whichever is greater, must also be on Part B.

**Link to FTBU contract:** <https://www.uvm.edu/~facrsrcs/?Page=ftcontract.html>

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| CESS Sponsoring Department: | | | DOE  DLDS  Social Work | | | | | |
| Semester (choose one): | | | Fall  Winter  Spring  Summer | | | | | |
| Course Title: | | |  | | | | | |
| Course Prefix & Proposed # | | | |  | | | | |
| Proposed Meeting Pattern:  Days/Times/Dates | | | |  | | | | |
| Delivery Method: | | | | Lecture  Hybrid  Off-site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seminar  On-line  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Travel Course\* | | | | |
| Cross-Listing: | | | |  | | | | |
| # of Credits: | | | | Max Enrollment #: | | | Anticipated Enrollment #: | |
| Course: | | | | NEW  Existing (may proceed to Page 2) | | | | |
| Pre-reqs or standings: (if new) | | | |  | | | | |
| Course Comments: (if new) | | | |  | | | | |
| Course Restrictions: (if new) | | | |  | | | | |
| Other Resources Req: (TA/GTA) | | | |  | | | | |
| Target Audience: | | | |  | | | | |
| Make selections: | Required  Elective Gen Ed. Other | | | | Undergraduate or Graduate  Other: | | | Open to Non-Degree Students Yes  No |
| Instructor’s Full “Formal” Name or TBD: | | | |  | | | | |
| Instructor’s Email: (if non-UVM) | |  | | | | Instructor’s Phone Number: | |  |
| Is the instructor a current UVM affiliate: | | | | | | Full-Time Faculty  Part-Time Faculty  Staff Student  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| New or Returning Employee of UVM? (if known) | | | | | | New  Returning | | |
| 1. Need for course coverage/offering (sabbatical, leave, vacancy, etc.) 2. Summary of the qualifications for this instructor to teach this course if a Part-Time Lecturer:   Master’s  EdD  PhD  **\*\*Attach P/T faculty’s current CV\*\*** | | | | | |  | | |

\*If this is a Travel Course, please contact your department chair & business manager first.

***Approval of Department:***

Program Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

√ Check that you have ALL the following items attached:

|  |  |
| --- | --- |
|  | This Completed “New Course/PT Faculty Section Request Form” with appropriate signatures |
|  | Proposed Course Syllabus (when available) |
|  | Instructor’s CV/Resume for all part-time faculty |

*Please send your completed request forms to the sponsoring Department Chair and cc: to the Department Business Manager in your area (DOE-Kunie Renaud, DLDS-Jean Evans, SW-Kate Ball/Clem).*

*Once it is approved, you will be contacted and may have this course entered in the SOC via Banner.*

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*Office Use Only*

Chair Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Date:

Associate Dean Approval, (if a NEW course)

Katie Shepherd/Kieran Killeen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information about this request, please contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form can be found here: <https://www.uvm.edu/cess/resources_faculty_and_staff>