

Date Received by the Department, College, School or CE
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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 (Dec. – Jan.)							
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:

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/~facsrcs/?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