**Teacher Availability Form**

TO: Adjunct Faculty

FROM: Click here to enter text., Chairperson, Click here to enter text. Department

DATE: Click here to enter text.

SUBJECT: Possible Part-time Teaching, Click here to enter text.

If you are interested in teaching during the approaching semester, please complete and return this sheet by Click here to enter text. with the attached list of courses to the address at the bottom of the page**.** Click here to enter text.will contact you if we have an assignment for you at your CCRI email address. If your availability changes after you have sent this information, please email the Department at Click here to enter text..

***Please be advised that all assignments are tentative due to class cancellations. You will be contacted if changes are made to your appointment.***

**Step 1:** Provide the following information:

**LAST NAME:** Click here to enter text.

**FIRST NAME:** Click here to enter text.

**STREET:** Click here to enter text.

**APARTMENT:** Click here to enter text.

**CITY:** Click here to enter text.

**STATE:** Click here to enter text.

**ZIP:** Click here to enter text.

**TELEPHONE:** Click here to enter text.

**CCRI EMAIL ADDRESS:** Click here to enter text.

***Note: Communication will only be made utilizing official CCRI Email addresses.***

**Step 2**: Indicate the number of courses you request to teach depending on availability.\*

1  2  3

**Step 3:** On the attached list in the “Preference” column, number all of the courses that you are available to teach in order of preference.

**Note:** Please be sure that the office of Academic Affairs has an official copy of your graduate transcripts and Curriculum Vitae.

***\*Per Article 11.6, Refer to the eligibility list to determine how many courses you may teach.***