**Adjunct Faculty Seniority Challenge Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCRI ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_**

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| **Article 10: Seniority**  10.1 Seniority will be determined by the number of contact hours taught by the part-time faculty member. In cases where two or more part-time faculty members have taught the same number of contact hours the part-time faculty member(s) with the earlier beginning date of the first part-time faculty course taught shall be considered as having the higher seniority. Authorized leaves of absence shall not be deemed an interruption of services with the College. In the event any part-time faculty member believes such data has been incorrectly determined, that part-time faculty shall so advise the college, and indicate the seniority the part-time faculty believes to be correct. For the purpose of establishing seniority prior to the Fall Semester 2006 individual part-time faculty members shall have the burden of providing documentation showing prior part-time faculty teaching services. In the absence of such college records, the issue will be resolved in a manner agreed upon by the parties.  10.2 The option to submit time prior to Fall Semester 2006 will cease on June 30, 2018 and prior time balances will be final. |

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| **Please indicate the type of proof provided**  **W2** **Grade Books** **Verification by Chairperson** |

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| **Please indicate the number of additional contact hours to be added to the part-time faculty member’s seniority**  **Number of approved hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*Contact hours are established using 50-minute hours (50 Minutes x Number of Credits / 60):   * One 3 credit course is equivalent to 2.5 contact hours * One 4-credit course is equivalent to 3.33 contact hours * One 6-credit course is equivalent to 5 contact hours |

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| **Signatures**  **Part-time faculty member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**  **Department chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**  **Dean (if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_** |

A copy of the form and supporting documents should be sent to Academic Affairs to be filed in the part-time faculty member’s file.