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| REQUEST FOR APPROVAL OF DAYTIME TEACHING ASSIGNMENT **BY FULL-TIME SUPPORT STAFF** |

**Preamble:**

From time to time, support staff may wish to take advantage of teaching opportunities that become available on a part-time basis (up to 6 hours per week). Please review the Full-Time Support Staff Teaching Parameters on the Human Resources Department website.

**THIS FORM MUST BE COMPLETED AND THE NECESSARY APPROVALS OBTAINED PRIOR TO ANY TEACHING ASSIGNMENT WHICH WOULD AFFECT SUPPORT STAFF HOURS.**

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| Employee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department/Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| DETAILS OF TEACHING ASSIGNMENT:  Dates - From: To:  Number of hours per week:  Timetabled hours (if applicable):  Program/Course:  Rate of Pay: $  **Timesheets must be processed to receive compensation for this teaching assignment.** |

* **SHIFT CHANGE REQUIRED**

State the changes in hours required to accommodate this teaching assignment. (Must be at the beginning or end of the normal shift of the full-time support staff position).

**If the shift change surpasses 5:00 p.m. in the day, then a request for shift change must be submitted to Support Staff Union/College Committee in accordance with Article 6.3.3.**

The signatures below constitute a commitment to ensure that the full-time support staff duties are performed in their entirety during this teaching assignment.

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Employee’s signature Date completed

**APPROVAL:**

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Supervisor’s signature Date approved

Cc: HR Consultant