

Timetable Restriction Form for Academic Year 2014 - 15

Please use this form to indicate **personal** timetable restrictions (e.g. Legal requirements, approved College committees etc.). Requests are reviewed in conjunction with the **Scheduling Rules & Guidelines** as approved by the College Timetabling Taskforce. In the event your request cannot be accommodated, your Dean/Chair will discuss it with you. It's **important** to note that **not all requests can be accommodated**.

These forms will be entered into a database, and reviewed on an annual basis by the Dean/Chair of your school. If your restriction changes, it is your responsibility to inform your Dean/Chair.

To ensure your restrictions are considered, submit this form to your Dean by:

Friday May 2nd, 2014

FACULTY NAME:	STATUS	DATE SUBMITTED:
	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SESSIONAL	

SCHOOL	CAMPUS	ACADEMIC YEAR
	<input type="checkbox"/> Sutherland <input type="checkbox"/> Frost <input type="checkbox"/> Lakeshore <input type="checkbox"/> Haliburton	2014 - 15

<ul style="list-style-type: none"> ▪ Specify if this is for a specific term or for the academic year: 	FULL YEAR				
	<input type="checkbox"/>				
<ul style="list-style-type: none"> ▪ Check day of week that you are NOT available: 	Mon	Tues	Weds	Thurs	Fri
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Specify time of day that you are NOT available: 	Mon	Tues	Weds	Thurs	Fri

Check reason for restriction:

<input type="checkbox"/> Approved Committee: Please specify _____	<input type="checkbox"/> Approved Health Accommodation
<input type="checkbox"/> Program/Subject coordinator	<input type="checkbox"/> Approved Reduced workload - %
<input type="checkbox"/> Support staff	<input type="checkbox"/> Other: Please specify _____

Comments:

FOR OFFICE USE ONLY:

Dean Approval: _____	AO Verification: _____
Date: _____	Date: _____