



# Los Rios Community College District Approval Form for Regular Classified Employee to Work as Adjunct

Per Board Regulations R-6326, 7.2 "Authority for classified employee teaching is contingent on the recommendation of the immediate supervisor and the administrative officer, with the approval of the college president (or Associate Vice Chancellor, Human Resources or Vice Chancellor, Finance & Administration for District Office employees)."

**Employee Directions:** Complete Sections 1 – 3 and submit to Classified Supervisor/Administrator.

### Section 1: Employee Information

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

### Section 2: Regular Classified Assignment Information (do not include any current Leave of Absence Requests)

Assignment Location:      ARC:       DO/Ethan/FM:       CRC:       FLC:       SCC:

Position Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Days: \_\_\_\_\_

Work Year:    12 month  / 11 month  / 10 month  / 9 month

### Section 3: Request for Approval of Adjunct Faculty Assignment for:

(Note: each semester/term request must be on a *separate* form.)

Fall:       Spring:       Summer:       Year: \_\_\_\_\_

Adjunct Faculty Work Location:      ARC:       CRC:       FLC:       SCC:

Adjunct Faculty Days/Hours: \_\_\_\_\_

Specific Time Period (day/month to day/month): \_\_\_\_\_

*As a classified employee, I understand that I am not eligible to work on an Employment Service Agreement – Academic (ESAs) or Professional Expert Agreement (PEXs), even if I am working concurrently as an adjunct employee (i.e., Adjunct College Service assignments, LRCFT Stipends, N.F.C. Workshop Presenter, etc.)*

\_\_\_\_\_  
Signature of Employee      Date

### Section 4: Approve/Disapprove\*

Check the appropriate box to approve or disapprove employee to teach adjunct for the requested semester/term.

\_\_\_\_\_  
Signature of Immediate Supervisor      Printed Name      Date

Approve  / Disapprove

\_\_\_\_\_  
Signature of Vice President of Administration      Date  
(or appropriate administrative officer for DO/Ethan/FM staff)

Approve  / Disapprove

\*Upon VPA approval /disapproved at any stage, Original is to be forwarded to Immediate Supervisor. Immediate Supervisor will distribute appropriately as noted below.

Original: Supervisor

Copy: VPA

Copy: HR – Personnel File

Copy: Employee