



CCFT CONTRACT AGREEMENT  
APPENDIX I

**AVAILABILITY STATEMENT**  
ADJUNCT UNIT MEMBERS

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ Division & Dept. \_\_\_\_\_

I. Check all that apply:

- A. I am interested in an adjunct assignment as indicated in section II below.
- B. I will NOT be available for an adjunct assignment until \_\_\_\_\_.  
(Non-availability cannot exceed four semesters).

II. If you checked item A above, please indicate your course, day and time availabilities:  
Check session and indicate year:

- Summer \_\_\_\_\_
- Fall \_\_\_\_\_
- Wintersession \_\_\_\_\_
- Spring \_\_\_\_\_

A. In order of preference, list the courses you would like to teach:

\_\_\_\_\_

\_\_\_\_\_

B. Check the times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

C. If you have specific time, day, or course restrictions or special considerations, please note them here:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO DIVISION OFFICE**