

APPENDIX I.1



CCFT CONTRACT AGREEMENT  
AVAILABILITY STATEMENT  
ASSOCIATE UNIT MEMBERS

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

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

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I. Check all that apply:

A. I am interested in an associate assignment as indicated in section II below.

B. I will NOT be available for an associate 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:

\_\_\_\_\_  
\_\_\_\_\_

D. Online Assignments:

I am not currently available for online assignments

I am available to teach the following courses/assignments in an online format: \_\_\_\_\_

\_\_\_\_\_

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

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