ADJUNCT FACULTY AVAILABILITY INFORMATION

The information on this form will be used to match the preference of Adjunct Faculty members with the available class assignments open within the colleges of the Alamo Community College District.

_____ _____ - _____ - _____
NAME (Please Print) SOCIAL SECURITY

_____ (_____) _____
ADDRESS TELEPHONE #

_____ _____ _____
CITY STATE ZIP

1) Do you wish to be considered for future Adjunct Faculty Teaching assignments? ___ YES ___ NO

2) Which academic terms are you available to teach? (Check all that apply)

_____ FALL _____ SPRING _____ SUMMER I _____ SUMMER II

For these terms, are you willing to teach FLEX sessions? _____ Yes _____ NO

3) What days/times are you available to teach (if unanswered, any day / time is assumed acceptable.)

MONDAY _____ - _____ (from / to)
TUESDAY _____ - _____ (from / to)
WEDNESDAY _____ - _____ (from / to)
THURSDAY _____ - _____ (from / to)
FRIDAY _____ - _____ (from / to)
SATURDAY _____ - _____ (from / to)
SUNDAY _____ - _____ (from / to)

4) Please check the College or campus at which you are available to teach.
Mark **"preferred"** choice with a **"P", for San Antonio College**. Mark other choices with a check mark.

_____ NORTHWEST VISTA COLLEGE _____ PALO ALTO COLLEGE _____ SPC-SOUTHWEST CAMPUS

_____ ST. PHILIP'S COLLEGE ___P__ SAN ANTONIO COLLEGE _____ SAC NORTHEAST CAMPUS

5) Please mark your availability for an off-campus assignment or specify the off-campus location(s).

ANY _____ NONE _____ LOCATION(S) _____

6) Please specify the number of credit hours you desire to teach (1-11) _____.

7) Please indicate preferred instructional assignment(s); list by course number if known.

_____

_____

_____ _____
SIGNATURE DATE