

Staff Teaching Approval Request Form

Employee \_\_\_\_\_ Academic year: \_\_\_\_\_

Department \_\_\_\_\_ Office # \_\_\_\_\_ Ext. \_\_\_\_\_

Supervisor \_\_\_\_\_ Ext. \_\_\_\_\_

Please indicate your interest in teaching courses at Delta College:

Course/Discipline	Credit Hours	Equated Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all that apply:

- | Semester                     | Days                            |
|------------------------------|---------------------------------|
| <input type="radio"/> Fall   | <input type="radio"/> Monday    |
| <input type="radio"/> Winter | <input type="radio"/> Tuesday   |
| <input type="radio"/> Spring | <input type="radio"/> Wednesday |
| <input type="radio"/> Summer | <input type="radio"/> Thursday  |
|                              | <input type="radio"/> Friday    |
|                              | <input type="radio"/> Weekend   |

Please explain how you plan to manage both your primary position and teaching responsibilities:

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Employee signature \_\_\_\_\_ Date \_\_\_\_\_



Approval to teach up to \_\_\_\_\_ equated hours per semester within the parameters indicated above.

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Executive staff signature \_\_\_\_\_ Date \_\_\_\_\_

Submit Completed form to the Human Resources office.