



**Part-time Faculty  
Request for Authorization for Additional Teaching Assignments  
Request to Accept More than Three Courses**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson/School Director

From: \_\_\_\_\_ MaineStreet ID #: \_\_\_\_\_

Semester: _____			
<b>Current Course Assignments:</b>			
1. _____	_____	_____	_____
Course Name	Course No.	Dept/Campus	Credit Hrs
2. _____	_____	_____	_____
Course Name	Course No.	Dept/Campus	Credit Hrs
3. _____	_____	_____	_____
Course Name	Course No.	Dept/Campus	Credit Hrs

I hereby request permission to accept the assignment of the additional course(s) listed below. I understand without this authorization I will be in violation of Article 14 Section E of the collective bargaining agreement between the University of Maine System and the University of Maine Part-time Faculty Association and subject to termination and removal from the service list.			
<b>Additional Course(s) Requested:</b>			
1. _____	_____	_____	_____
Course Name	Course No.	Dept/Campus	Credit Hrs
2. _____	_____	_____	_____
Course Name	Course No.	Dept/Campus	Credit Hrs
_____		_____	
Signature of Unit Member		Date	

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ \_\_\_\_\_  
Chairperson/School Director Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ \_\_\_\_\_  
Dean Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ \_\_\_\_\_  
Vice President Date

Distribution: Original to official file in Human Resources, copy to unit member, chairperson(s), Dean, Director(s), Payroll