	Part-Time Teaching Availability Form			
	Date:			
Name:	MaineStreet ID #:			
Mailing Address:				
	City	State	ZIP Cod	e Email
Telephone: Days]	Evenings	
	cations for which you a			
0	Lampus _	Off-Campus	Bot	th Campus and Off-Campus
If available for off-campus, specify centers/sites:				
Please indicate the divisions/departments for which you are interested in teaching:				
Please indicate any other University of Maine System Campus for which you are interested in teaching:				
List the times you	are available:			
		Fall		Spring
Mor	nday			
Tue	sday			
Wedn	iesday			
Thur	sday			
Frie	•			
Saturday	v/Sunday			
Are you available to teach in other sessions? (Summer, May Term, etc.) Yes No				
List those courses that you are qualified to teach, in order of preference: (Specify course name and number)				
How many courses	would you prefer to the	each each semester?	One	Two Three
			Signature	
	l form by the deadli ich you wish to teach		ccompanying l	etter to the chair and the division/
NOTE: It is the part-time faculty member's responsibility to return a completed Availability Form to the head of the department in which he/she wishes to teach prior to receiving any assignments. A new form must be completed every two years and returned to the department. The original form should be forwarded to the official personnel file in Human Resources. A copy should be retained by the department for its records.				

SOHR 10/2016 HR FAC PATFA AVAILABILITY