



**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: _____			
Current Course Assignments:			
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

<p>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.</p> <p>Additional Course(s) Requested:</p>			
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