

DUTCHESS

COMMUNITY COLLEGE

Administrator Workday Teaching Activity Approval Form

Name: _____

Semester: Year _____ [] Fall [] Spring [] Summer

Course #, Section: _____ Days and Times Course Meets: _____

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Total Classroom Hours per Week for all Sections: _____

Normal Workday Schedule: Begins at _____; Ends at _____.

Any other information pertinent to your request:

Adjusted Workday Schedule: (How will classroom time be "made up"?)

Non-Teaching Educator's Signature & Date: _____

Supervisor's Signature & Date: _____

Supervising Dean's Signature & Date: _____

Procedure:

1. When a staff member is asked to teach a course scheduled during their normal workday, they should speak with their direct supervisor about the impact to their regular responsibilities and discuss acceptable adjustments to their workday schedule.
2. Form should be completed by staff member and forwarded to direct supervisor for approval.
3. If schedule change is approved, supervisor should sign and date the form and forward to Supervising Dean for approval.
4. If approved, the Supervising Dean should sign, send the original to the Office of Academic Affairs with a copy returned to the staff member.
5. This process must be followed every semester that the NTE teaches.