Policy No. 110, Procedure 110.1, Supplement 1: “Criteria Form for 60% Work Load for Teaching Staff”

ATLANTIC CAPE COMMUNITY COLLEGE
CRITERIA FORM FOR 60% WORK LOAD FOR TEACHING STAFF
Please return this completed form to the Human Resources Department

I. Applicant has completed three years as a fulltime faculty member at ACCC.
   YES   NO

II. The Academic Affairs department shall be responsible for the initial approval or denial of requests made by fulltime teachers for a 60% work load for up to one semester for the purpose of completing the final stage of doctoral studies at an accredited institution and/or to participate in an activity that aims to ensure the highest level of competence in a field related to the applicant’s instructional charge (see Education Association bargaining unit agreement for work load definitions).
   YES   NO

III. The leave shall not exceed the length of either a fall or spring semester.
   YES   NO

IV. The leave is deemed to not be cost prohibitive to the institution.
   YES   NO

V. The leave will not interrupt the delivery of instruction.
   YES   NO

VI. The leave request was made 6 months in advance of the requested start date of leave.
   YES   NO

VII. The applicant has submitted a plan that includes a statement of the objectives of the external activity engaged in during the 60% work load period, an explanation of the benefits to the college, the employee's specific activities, and the beginning and end dates of the proposed activity.
   YES   NO

VIII. Statement of Understanding

I, __________________________ , understand that I am only permitted a 60% work load once during my Employee Name career at ACCC. The leave will commence on ________________ and will conclude with my full-time return Mo./Day/Year to ACCC on ________________. Upon return, I agree to complete two semesters in a fulltime capacity at Mo./Day/Year
Atlantic Cape Community College. If I fail to successfully complete two semesters upon my return to the college, I understand that the college will garnish my wages. I also understand that a 60% work load includes proportionate contact hours, office hours and participation in department and committee meetings.

I acknowledge that I have read and I understand the terms of Policy No. 110 and Procedure No. 110.1. I further acknowledge that FINAL approval of the application is solely at the discretion of the ACCC Board of Trustees and shall be deemed final.

Approval

Signature of Applicant/Date: _______________________________ __
Signature of Department Chair/Date: _______________________________ __
Signature of Dean of Instruction/Date: _______________________________ __
Signature of Senior Dean of Academics/Date: _______________________________ __
Signature of Human Resources Officer/Date: _______________________________ __
Signature of College President/Date: _______________________________ __

This form must be completed and submitted to the Human Resources department. Submission of this form does not indicate approval of request.