



## ASSOCIATE FACULTY REQUEST TO EXCEED 67% THRESHOLD

<b>Associate Faculty Name:</b> _____	<b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <b>Year:</b> _____
<b>Has the Associate Faculty member exceeded the 67% threshold during the past three (3) academic years?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>If yes, which semester and year?</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <b>Year:</b> _____	
<b>Reason for Exceeding 67% Threshold (<i>check box that applies</i>):</b>  <div style="padding-left: 20px;"><input type="checkbox"/> There is a need for additional faculty during this semester because of the higher enrollment of students during that semester when compared to the other semester in the academic year. <input type="checkbox"/> A faculty member has been granted leave for the semester (<i>i.e., sabbatical, parental leave, etc.</i>). <input type="checkbox"/> A faculty member is experiencing long-term illness.</div>	

The Associate Faculty has been assigned, at their own request, with the approval of their department chair, dean, and with the consent of the Vice President and the Superintendent/President, the equivalent of \_\_\_\_\_% of a full-time faculty teaching load for one semester only. In accepting this appointment, the Associate Faculty member:

1. Agrees to refuse any substitution assignments at MiraCosta College except as a substitute on a day-to-day basis.
2. Understands that this is a temporary assignment and will not count as time served as a contract employee.
3. Understands that the portion of this teaching assignment that caused their load to be in excess of 67% will end (***dean check box that applies***):
  - a. ☐ upon the return of a full-time faculty member currently out on leave
  - b. ☐ at the end of the semester/term.
4. Understands they cannot be employed in excess of 67% for more than two semesters within any period of three consecutive years. ([Education Code section 87482](#))

I have read and agree to these provisions:

\_\_\_\_\_  
Associate Faculty Signature      Date

### APPROVALS

Department Chair \_\_\_\_\_ Date \_\_\_\_\_      Dean \_\_\_\_\_ Date \_\_\_\_\_

Employee Relations Specialist \_\_\_\_\_ Date \_\_\_\_\_      Vice President, Instructional Svcs. \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/President \_\_\_\_\_ Date \_\_\_\_\_

#### Email Notifications Upon Approval

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| <ul style="list-style-type: none"><li>Assistant to the VPI</li><li>Dean / Dean's Assistant</li><li>Enrollment Database Specialist</li></ul> | <ul style="list-style-type: none"><li>Payroll Manager</li><li>Employee Relations Specialist</li><li>VPHR</li></ul> |
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