PORTERVILLE COLLEGE

Adjunct Mutual Agreement to Carry Excessive Load Above 0.67 FTE

Date:	**Semester:**
Faculty Member:	**Employee ID:**
Department:	**Educational Administrator:**

Please review and sign the following agreement which details the terms for accepting an excessive instructional assignment.

> *I, as an adjunct faculty member of Porterville College, acknowledge and accept the assignment of a _____ FTE load for the _____Semester. I confirm that I will not exceed the 0.67 FTE adjunct faculty load within the time constraints of two semesters in three consecutive years. I also acknowledge that this assignment is only temporary for the current semester and does not guarantee future adjunct or temporary assignments.*

_____ _____ Sign Here

Print Name, Faculty Member Signature, Faculty Member

Justification/reason for excessive load is:

_____

_____

_____

_____

_____

_____

_____

_____ _____ Sign Here

Print Name, Educational Administrator Signature, Educational Administrator

_____ Human Resources Manager, has authorized an excessive load for this adjunct faculty member for the semester shown above.

I, as Porterville College President (or designee), approve this adjunct faculty overload assignment for the Spring 2023 Semester.

_____ _____ Sign Here

Print Name, President (or designee) Signature, President (or designee)

cc: Personnel File
District Office