**LETTER OF AGREEMENT**

**Date:**

**From: Dr. Claudia Habib, President, Porterville College**

**To:**

**Re: MUTUAL AGREEMENT TO CARRY EXCESSIVE LOAD ABOVE 1.6**

**I, as a faculty member of Porterville College, acknowledge and accept assignment of a \_\_\_\_ FTE load for \_\_\_\_ Semester. I confirm that I can carry this excessive load with no degradation in quality of instruction or in the performance of my responsibility as a full-time faculty member. I acknowledge that this overload assignment is only temporary for the semester indicated and does not guarantee future overload assignment.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name (Faculty) Signature (Faculty)**

**I, as College President, approve this faculty overload assignment for \_\_\_\_Semester in accordance with CCA agreement article 8.I. Justification/reason for overload is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name (President) Signature (President)**

**CC: Personnel File**

 **District Office**