SCHEDULE G – APPLICATION FOR AN ADDITIONAL FACULTY SERVICE AREA

Application for an Additional Faculty Service Area

Name: ID#/S	SSN:	
(Please Print)		
Article 13.9 of the CRFO contract details the procareas. Please list the requested information below request should be forwarded to the Director, Hum	and attach any necessary docum	•
Faculty Service Area Requested:		
Discipline MQ:		
Discipline MQ: Discipline	Date approved	
Qualifying load: 1)Semester		
Semester	Course	
	Course	
2)		
Semester	Course	
	Course	
Employee Signature	Date Submitted	
Approval:		
Director, Human Resources	Date	
Entered on FSA Seniority Listing		
Notification Letter dated		