Human Resources Administrative Services Building, Suite 310 Campus Box 240 P.O. Box 173363

Denver, CO 80217

Phone: 303-352-3042 Fax: 303-556-6557 Website: www.CCD.edu/HR



## **Adjunct Instructor Level Change Request Form**

Name:	<del>_</del>	
First	M.I.	Last
<b>S#</b> : S	Phone #:	
Department:		
It is the responsibility of the adjunct instructor to get their employment information verified by their Department Chair, obtain all signatures, and submit this completed form to the Director of Human Resources no later than May 18 <sup>th</sup> to be considered for a level increase in the next academic year. Level increases cannot be made retroactive.		
Level Change Requested:  ☐ Level I to Level II ☐ Level II to Level III		
Instructor: Print Name	Signature	Date
To be eligible to advance from one level to another, t	_	
Department Chair and Human Resources office.		
Internal Use Only		
To be completed by Department Chair:		
For Movement from Level I to Level II:  □ Completion of New Faculty & Instructor Orientation; and, □ Completion of 6 college semesters of teaching experience at CCD to include a minimum of 18 credit hours or 270 contact hours; and, □ Six hours of professional development work as verified through the Teaching/Learning Center and approved by Department Chair.  • Verification of orientation and professional development must be attached.		
For Movement from Level II to Level III:  Completion of a minimum of an additional two (2) college semesters of teaching experience at CCD, to include a minimum 24 credit hours or 360 contact hours; and,  Completion of 30 hours (15 in pedagogy and 15 in content area) of professional development as verified through the Teaching/Learning Center and approved by the Department Chair. *Verification of orientation and professional development must be attached.		
Department Chair: Print Name	Signature	Date
Internal Use Only		
To be completed by Human Resources:	ternal USE Only	
Instructor CCD Hire Date:	Orientation Completed:	
Level   Date:	Level II Date:	
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Current Level:   □Level I  □Level II		
HR Director:  Print Name	Signature	Date