



Adjunct Instructor Level Change Request Form

Full Name: _____

S#: _____

Department: _____

Phone: _____

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 18th 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 Name: _____

Signature: _____

Date: _____

To be eligible to advance from one level to another, the following information must be verified by signature from the Department Chair and the Human Resources office.

Internal Use Only - To be completed by the Department Chair:

Level I Qualification:

Completion of New Faculty Orientation within 60 days of census day of first semester of teaching.

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Movement from Level I to Level II:

- Completion of three (3) semesters of teaching experience at CCD to include a minimum of 12 credit hours or 180 contact hours; **and**
- Six hours of professional development work as verified through the Teaching and Learning Center and approved by Department Chair. *Verification of orientation and professional development must be attached.*

Movement from Level II to Level III. *In addition to Level II requirements:*

- Completion of a minimum of an additional three (3) semesters of teaching at CCC; to include a minimum of 24 credit hours or 360 contact hours; **and**
- Completion of 12 additional hours of professional development and 12 additional hours of college work. *Verification of orientation and professional development must be attached.*

Department Chair Name: _____

Signature: _____ Date: _____

Internal Use Only - To be completed by Human Resources.

Instructor CCD Hire Date: _____ Orientation Completed: _____

Level I Completion Date: _____ Level II Completion Date: _____

Current Level: Level I Level II

Qualified to be Level: Level I Level II Level III

HR Director Name: _____

Signature: _____ Date: _____