LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

REQUEST TO WAIVE
0.67 FTE ADJUNCT INSTRUCTOR LIMITATION

This form serves as a request to waive Article 16 of the Faculty Collective Bargaining Agreement due to special circumstances in regularly-funded programs only. This process does not apply to SFP funded positions.

INFORMATION FOR INITIATOR REQUESTING WAIVER PER ARTICLE 16.G.8

The provisions of Article 16.G.8. of the AFT Faculty Guild collective bargaining agreement can be waived in special circumstances with the written authorization of the AFT Faculty Guild President and the College President, or his/her designee. In the event such a waiver is agreed, the conditions specified in HR Guides **R-122 *Faculty Limited*** **and R-130 *Faculty, Adjunct*** must be met before an existing adjunct faculty member can be offered the position.

COMPLETED WAIVER IS DUE IN ESC HUMAN RESOURCES WITHIN 10 WORKING DAYS OF START OF TERM.

Please print or type and ensure all information is provided, as omissions can delay processing.

1. ADJUNCT: _____ (Name) _____ (Employee No.)

_____ (Department, Program, Project or Function) _____ (College)

A. Semester/Session: ☐Fall ☐ Spring Year: _____

B. All classroom & non-classroom assignments in the District scheduled for this instructor:

Job Code	Campus	Section*	Course No.*	Course Title*	Standard Hours	Subject/Work Load	FTE

ALL TOTAL CLASSROOM & NON-CLASSROOM FTE: _____

Note: * Items not required for non-classroom assignment

2. SPECIAL CIRCUMSTANCES CERTIFICATION: (Attach additional sheet(s) if necessary.)

A. This request comes as the result of: _____

B. Unsuccessful attempts to staff classes using the regular selection process were conducted:

By Whom:	Date From	Date To	Number of Applicants			
			Contacted:		Interviewed:	

C. Successful candidates were not selected because: _____

D. List actions to be taken to ensure that need for this waiver will not occur in subsequent semesters: *(There shall be no more than 2 exceptions within the past 6 semesters)*

3. WAIVER SUBMITTED BY:

_____ (Department Chair) _____ (Date) _____ (AFT Chapter President) _____ (Date)

4. WAIVER APPROVAL:

_____ (College President or Designee) _____ (Date) _____ (AFT Faculty Guild President) _____ (Date)