



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.

_____ College
 Department, Program, Project or Function

A. Semester/Session: Fall Spring Year: _____

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

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

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 _____