



## Limited-Time Assignment Opportunity Announcement and Application Form

### PART A: Announcement of Special Assignment Opportunity

Per HR Procedure 2090.07, Reassigned Time Guidelines, this job description describes the non-instructional tasks that have been determined to meet special technical, educational, or administrative needs at CCC, DVC and LMC. The computation of faculty reassigned time is derived from the following:  $FTE \text{ reassigned} \times 35 = \text{weekly hours of reassigned duties}$ .

Project Title: _____	College:	CCC
Position Title: _____		DVC
Length of Assignment: _____		LMC
Start Date: _____		
Reassigned Load/Hour per Week: _____		
Project Supervisor: _____		
Fund Administrator: _____		

**Project Description** (Please indicate the primary worksite and modality of the assignment.)

Eligible Disciplines/Departments:

College-wide opportunity

Distribution limited to:

**Minimum Qualifications:**

**Desirable Qualifications:**

**Duties and Responsibilities:**

**Deliverables:**

1. What: \_\_\_\_\_  
When: Ongoing By a Certain Date: \_\_\_\_\_

2. What: \_\_\_\_\_  
When: Ongoing By a Certain Date: \_\_\_\_\_

3. What: \_\_\_\_\_  
When: Ongoing By a Certain Date: \_\_\_\_\_

4. What: \_\_\_\_\_  
When: Ongoing By a Certain Date: \_\_\_\_\_

5. What: \_\_\_\_\_  
When: Ongoing By a Certain Date: \_\_\_\_\_

**Method of Evaluation:**

**Selection Process:**

Submit application below to the project supervisor, fund administrator and Academic Senate President(s).

4/22/24

Due date: \_\_\_\_\_

Selected applicants will be invited for an interview by the project supervisor/ fund administrator, their Division Dean and the Academic Senate President(s).

If selected, an Agreement for Limited-Time Assignment should be completed *by May 1*.

## **PART B: Application for Special Assignment**

Project Title: \_\_\_\_\_

Position Title/Term: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Amount of reassignment: \_\_\_\_\_

Provide a statement of interest that indicates how you meet the minimum and desirable qualifications.  
(500-word limit).

Signatures (must be signed and submitted with application):

\_\_\_\_\_ Faculty Signature                      Date: \_\_\_\_\_

\_\_\_\_\_ Department Chair Signature                      Date: \_\_\_\_\_

\_\_\_\_\_ Division Dean Signature                      Date: \_\_\_\_\_