



## 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 reassigned x 35 = weekly hours of reassigned duties.

Project Title: _____	College: CCC
	DVC
Position Title: _____	LMC
Length of Assignment: _____	
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 and fund administrator.

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

Selected applicants will be invited for an interview by the project supervisor/ fund administrator and their Division Dean.

If selected, an Agreement for Limited-Time Assignment should be completed *by May 1* for Fall or Fall/Spring reassignment or by December 1 for Spring only reassignment.

**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: \_\_\_\_\_