

**ETCUM Availability Form for Subsequent Semester**

It shall be the responsibility of each ETCUM (Eligible Temporary Credit Unit Member) to notify the district in writing of his/her wish to be considered for the assignment of available temporary credit units and of the days and times during which he/she is available to work during the next semester. Such notification shall be accomplished by completing this ETCUM Availability Form and returning it to the Human Resources Department on or before February 1 for Fall semester assignments and September 15 for Spring semester assignments. No ETCUM shall be considered for hiring for the next semester unless the ETCUM Availability Form is returned by the above deadline.

An ETCUM who indicates that he/she is not available for assignment in the coming semester shall not forfeit his/her ETCUM status and by the timely submission of an ETCUM Availability Form shall be considered for assignment in subsequent semesters for which he/she has ETCUM status as defined in 6.8.1 of the CBA.

**Please check one of the following:**

Do not consider me for assignment of temporary credit units in any discipline for which I am eligible for the coming ( Fall/  Spring) semester.

I wish to be considered for assignment in the following discipline(s):

\_\_\_\_\_

**Caution:** Failure to work in a given discipline (excluding substitution and intersession) during two consecutive academic years shall result in the loss of ETCUM status in that discipline.

**Cross out any days/times you are NOT available for assignment:**

**FACULTY AVAILABILITY**

Name \_\_\_\_\_ Semester \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Office: COM \_\_\_\_\_ IVC \_\_\_\_\_ Office Phone: COM \_\_\_\_\_ IVC \_\_\_\_\_

	8 to 9	9 to 10	10 to 11	11 to 12	12 to 1	1 to 2	2 to 3	3 to 4	4 to 5	Other
Mon.										
Tues.										
Wed.										
Thurs										
Fri.										

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_