## ATLANTIC CAPE COMMUNITY COLLEGE

## CRITERIA FORM FOR 60% WORK LOAD FOR TEACHING STAFF

Please return this completed form to the Human Resources Department

l.	Applicant has completed three years as a fulltime faculty member at ACCC.  YES  NO
II.	The Academic Affairs department shall be responsible for the initial approval or denial of requests made by fulltime teachers for a 60% work load for up to one semester for the purpose of completing the final stage of doctoral studies at an accredited institution and/or to participate in an activity that aims to ensure the highest level of competence in a field related to the applicant's instructional charge (see Education Association bargaining unit agreement for work load definitions).
	YES NO
III.	The leave shall not exceed the length of either a fall or spring semester.
	YES NO
IV.	The leave is deemed to not be cost prohibitive to the institution.
	YES NO
V.	The leave will not interrupt the delivery of instruction.
	YES NO
VI.	The leave request was made 6 months in advance of the requested start date of leave.  YES  NO
VII.	The applicant has submitted a plan that includes a statement of the objectives of the external activity engaged in during the 60% work load period, an explanation of the benefits to the college, the employee's specific activities, and the beginning and end dates of the proposed activity.  YES  NO
VIII	. Statement of Understanding
l,	, understand that I am only permitted a 60% work load once during my
	Employee Name
care	eer at ACCC . The leave will commence on and will conclude with my full-time retur
	Mo./Day/Year
to A	CCC on Upon return, I agree to complete two semesters in a fulltime capacity at
	Mo./Day/Year

Atlantic Cape Community College. If I fail to successfully complete two semesters upon my return to the college, I understand that the college will garnish my wages. I also understand that a 60% work load includes proportionate contact hours, office hours and participation in department and committee meetings.

I acknowledge that I have read and I understand the terms of Policy No. 110 and Procedure No. 110.1. I further acknowledge that FINAL approval of the application is solely at the discretion of the ACCC Board of Trustees and shall be deemed final.

Signature of Applicant/Date	 
Signature of Department Chair/Date:	 
Signature of Dean of Instruction/Date:	 
Signature of Senior Dean of Academics/Date:	 
Signature of Human Resources Officer/Date:	 
Signature of College President/Date:	 

**Approvals** 

This form must be completed and submitted to the Human Resources department. Submission of this form does not indicate approval of request.