

## CONTINUING APPOINTMENT TEMPORARY MODIFICATION REQUEST

\_\_\_\_\_  
Name of Continuing Appointee

\_\_\_\_\_  
Department

\_\_\_\_\_  
Academic Year

**A. CONTINUING APPOINTMENT BASE (CAB) \_\_\_\_\_% (annualized)**

List the established teaching schedule corresponding to the continuing base appointment.

Quarter	% Time	Course # / Course Title
Fall		
Winter		
Spring		

**B. TEMPORARY CHANGE(S) TO CONTINUING APPOINTMENT BASE**

List temporary changes to actual courses taught or the quarter in which the courses are taught for the current academic year. These changes should not result in a change to the annual continuing appointment base percentage.

Quarter	% Time	Course # / Course Title
Fall		
Winter		
Spring		

**C. TEMPORARY AUGMENTATION(S)/REDUCTION(S) TO CONTINUING APPOINTMENT BASE**

List additional courses to be taught in addition to the continuing base appointment or continuing base appointment courses which will not be taught. These changes indicate a temporary change in continuing appointment percentage for the current year only. See MOU Article 17, Section D for reduction in time notification requirements.

Quarter	% Time	Course # / Course Title
Fall		
Winter		
Sprng		

**TEMPORARY AUGMENTATION/REDUCTION DUE TO:**

Check one and explain below

- Temporary and/or unanticipated enrollment fluctuations - *explain below*
- Course coverage due to faculty leave - *note faculty name and type of leave below*
- Course coverage due to emergency - *explain nature of emergency below*
- Course coverage for new LRF not yet scheduled to teach - *provide details below*
- Other departmental programmatic need - *explain details of need below*
- Reduction due to course cancellation - *note reason below*
- Reduction due to personal reasons - *explain below*

Explanation:

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**RECAP OF REVISED TEACHING SCHEDULE FOR CURRENT ACADEMIC YEAR**

Quarter	Total %	Percentage of Time	
		Course Listing	CAB* or TEMP
Fall			
Winter			
Spring			

CAB % \_\_\_\_\_ \* CAB = courses listed in sections A & B; TEMP = courses listed in section C

**Endorsed:** \_\_\_\_\_  
Department Chair Date

These changes are considered temporary modifications and do not affect the Continuing Appointment Base percentage. Questions regarding benefits eligibility should be directed to the department benefits representative.

I accept the terms of the proposed temporary changes to my appointment as indicated above:

\_\_\_\_\_  
Continuing Appointee Date

**Approved:** \_\_\_\_\_  
Divisional Dean Date

c: Department Chair  
 Provost  
 Dean's Office  
 (Original to APS)