

Schedule Change Form

Check ALL
Applicable
Changes:

Add	Course No/Title	Days	Dates	Substitute	Fee	Section Comments
Cancel	Instructor	Hours	Room	Other Assignments	Limit/Wait	Pay-Type

	Course Number	Section Number	Instructor Name & EID	Days/Hours	Room	Beg. Date	End Date	Units	Fee	Class Limit	Wait List
Add Cancel (choose one)			_____								
			EID# _____								

Section Information: (fill in completely)			_____								
			EID# _____								
Changes to Section Information: (note changed items)			_____								
			EID# _____								

Section Comments:

Budget: 10- _____ Loc - _____ Resp - _____ Program - _____ Activity

Certificated Other Assignments
(Fill in "Section Information" above)

Description: _____

	Weekly Hours	Total Hours	# of Weeks
Lecture			
Lab			

Beg Date _____ Pay Type (choose one)

End Date _____ C O H N

Substitute Information
(Fill in "Section Information" above)

Substitute Name: _____

EID: _____

Reason for absence: _____

10- _____ Loc - _____ Resp - _____ Program - _____ Activity

Total Hrs Paid	Object Code	Select One:	Load	No-Load
Lec _____	_____	Course #:	_____	_____
Lab _____	_____	Dates:	_____	_____
N/C _____	_____	Days/Hours:	_____	_____

Instructor	Recalculated Load %

Load Contact Hrs

Lec _____

Tier 1 _____

Tier 2 _____

Tier 3 _____

NC _____

CDCP _____

#/Wks _____

Instructor Pay
(select one)

Contract

Overload

Hourly

No Pay

Cancelled Classes:

Pay for first week of classes: Y N

Date instructor notified: _____

Date of last class: _____

Total hours to be paid: _____

Choose one:

Fall Spring Summer _____ Year

Approved by: _____ Date: _____

Department Chair/Director

Approved by: _____ Date: _____

Supervising Administrator

Facilities	Adult Ed/NC
Human Resources	Distance Ed
Dept Chair/Director	Off-Campus/Credit
Other _____	