Schedule Change Form

Check ALL Applicable Changes:

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

Paytypes: C=Contract, O=Overload, H=Hourly, N=No Pay   **HyFlex**   **HyFlex-A**   **HyFlex-S**

	Course Number	Section Number	Instructor Name & EID	Days/Hours*	Room	Beg. Date	End Date	Units	Fee	Class Limit	Wait List
Section Information: (fill in completely)			EID#_____ C O H N								
Changes to Section Information: (note changed items *only*)			EID#_____ C O H N N								

Section Comments: (to appear on the online schedule)

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

*Cancelled Classes:

Pay for first week of classes: Y   N

Date instructor notified:_____

Date of last class: _____

Total hours to be paid: Lec_____ Lab_____ NC/CDCP_____

Choose one:
Fall   Spring   Summer   Year _____

Notes Scheduling/Payroll:

Substitute Information
(Fill in "Section Information" above)

Substitute Name:_____

EID: _____

Reason for absence: _____

10-____ - _____ - _____ - _____

 Loc   Resp   Program   Activity

	Total Hours	Object Code	Dates
Lecture			
Tier 1			
Tier 2			
Tier 3			
N/C			
CDCP			

Pay Type (choose one)   + Final ☐

C   O   H   N   Hours: 2   3

Load Contact Hours
Weekly amount of hours based on the scheduled day/hours listed above.*

Lecture	
Tier 1	
Tier 2	
Tier 3	
N/C	
CDCP	
# of Weeks	

Instructor	Recalculated Load %

Approved:

Department Chair _____   Date _____

Dean _____   Date _____

Revised 2.4.2022   Processed: _____