

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

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	

***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:

Instructor	Recalculated Load %

Approved:

Department Chair _____	Date _____
Dean _____	Date _____