

Central Michigan University's Global Campus
Supplemental Assignment Request

NOTE: This form is for use ONLY by Union of Teaching Faculty members whose normal workload appointment is less than 0.5 FTE and whose employment is subject to the terms of the CMU/UTF 2015-2020 Bargaining Agreement. Use a separate form for each supplemental assignment request.

Instructions: When form is complete, digitally sign or type in the appropriate authorizing signature and forward to the next person as an attachment to e-mail.

Routing: Faculty Member > Department Chair or Supervisor > Dean > Global Campus at globalfas@cmich.edu

Faculty Information

Name: _____

Campus ID: _____ Global ID: _____

Semester: Choose an item. Year: Choose an item.

Course (i.e. MSA 600) _____ EPN: _____

Course Title: _____

Class Dates: _____

Location: _____

- As the above named faculty member, whose employment is subject to the terms of the CMU - Union of Teaching Faculty (UTF) bargaining Agreement, I understand that Article 15 of the bargaining agreement reads as follows:
 - o Supplemental assignments may be granted only upon the recommendation of the department chair (or supervisor) and approval of the dean (or senior officer). There is no right to, nor guarantee of, any supplemental assignment.
 - o Appointments accepted by Employees from CMU's Global Campus, which are not part of the normal workload, shall be compensated according to rates determined solely by Global Campus. Similarly, Global Campus solely shall determine the criteria by which appointment(s) shall be offered.
- If you have applied for or may be receiving grant funding, you may not be eligible to teach for Global Campus.
- I understand that CMU may take whatever steps are necessary to ensure compliance with the terms of the collective bargaining Agreement under which my employment is governed, including making void any contract issued as a result of this application for supplemental assignment.

This form is required by Global Campus prior to the issuance of a supplemental assignment contract.

SIGNATURES:

By signing below, I affirm that the aforementioned information is accurate to the best of my knowledge.

Signature: _____ Date _____
(Faculty Member)

By signing below, you are recommending this Supplemental Assignment be granted.

Signature: _____ Date _____
(Chairperson or Supervisor)

By signing below, you are approving this Supplemental Assignment request.

Signature: _____ Date _____
(Dean)

By signing below, you are recommending/approving this Supplemental Assignment request.

Signature: _____ Date _____
(Other)