



FACULTY OFF-SEMESTER COMMITTEE APPOINTMENTS & SUPPLEMENTAL INSTRUCTIONAL HOURS PRE-AUTHORIZATION

In accordance with the Agreement between Central Ohio Technical College and the United Faculty/Central Ohio Technical College, AFT/OFT, a faculty member **must** obtain pre-authorization for Off-Semester Committee Appointments and Supplemental Instructional Hours between Terms. Please complete this form detailing the purpose of work and submit to the appropriate administrator for **pre-approval**. A signed copy of the form should be maintained and submitted with the Faculty Off-Semester & Supplemental Instructional Hours Timecard.

Faculty member:

_____	_____
Last Name	First Name
_____	_____
COTC ID Number	Department Number

Purpose of Work:

- Off-Semester Committee Appointment Supplemental Instructional Hours between Terms

Details (Please provide specific details including name of committee/meeting, course #, course name, dates, number of hours required, etc.):

I agree to perform the work as outlined above and record my hours worked on the Faculty Off-Semester Committee Appointments & Supplemental Instructional Hours Timecard.

_____	_____
Faculty Member Signature	Date

Authorizing Signatures:

_____	_____	_____	_____
Supervisor	Date	Dean	Date
_____	_____	_____	_____
Vice President for Academic Affairs	Date	President (If required)	Date
_____	_____		
Office of Human Resources	Date		