

ASSOCIATE FACULTY REQUEST FOR REEMPLOYMENT PREFERENCE FORM

Print Name:		Staff ID:					
Phone:		Discipline:					
Email:			Retiree:	No	Yes	Retirement Date:	
Date of H	lire:		Date of I	Rehire:			
Full Time F	Tanultu Datimaan						
When rehire the Associa they are eli	Faculty Retirees: ed as a part-time associate faculty member relate Faculty Request for Reemployment Presigible to teach. Retired faculty will be evaluated they will be eligible to apply for preference	ference Form. Preference ted during the first sem	ce is giver ester serv	to full ing as	time fact part time	ulty, who retire, for the first semester the faculty and if they receive a satisfacto	
•	quest to be on the reemployment preference ng preference for multiple colleges, a separa	• •	•	-		VC NC RCC	
In support t	hereof, I certify that:						
 In support thereof, I certify that: I have taught at least 2.0 FTE per course listed (10 courses if 0.2 FTE I have at least 1,215 non-instructional hours (Counselors/Librarian) I am on a Three-Year-Evaluation Cycle due to satisfactory evaluation 			<u>:</u>)		Yes	No	
I have at least 1,215 non-instructional hours (Counselors/Librarian)					Yes	No	
w a	am on a Three-Year-Evaluation Cycle due to which include peer evaluations and student on and possess a minimum of three evaluations or preference.	evaluations (or equivaler	nt)		Yes	No	
I am reques	sting Reemployment Preference for the follo	owing courses:					
	Course Taught (ex. ABC-1A)	Course Taught (ight (ex. ABC-1A)			Course Taught (ex. ABC-1A)	
Educationa verification	n and submit a copy of this completed form al Services and Strategic Planning at VC E, , eligibility and inclusion on the Reemploym mic Affairs who will forward the status to yo	dServices@rccd.edu ar ent Preference list, pen	id to <u>Lijua</u>	n.Zhai(grccd.ed	u. The request will be reviewed for	
Employee N	Name (Print/Sign)					Date:	

Revised: 12/17/24