

ASSOCIATE FACULTY REQUEST FOR REEMPLOYMENT PREFERENCE FORM

Print Name:	Staff ID:
Email:	Discipline:
Telephone	Retiree: No Yes Retirement Date:
Date of Hire:	Date of Rehire: (If applicable)

Full Time Faculty Retirees must complete, and submit, the Associate Faculty Request for Reemployment Preference Form. Preference is given to full time faculty who retire for the first semester that they are eligible to teach. Retired faculty will be evaluated during the first semester serving as part time faculty and if they receive a satisfactory evaluation, they will be eligible to apply for preference and be considered on the three-year cycle.

I hereby request to be on the reemployment preference eligibility list for the following College location: MVC NC RCC
 (If requesting preference for multiple colleges, a separate form must be completed for each College)

In support thereof, I certify that:

- I have taught at least 2.0 FTE per course listed (10 courses if 0.2 FTE) Yes No
- I have at least 1,215 non-instructional hours (Counselors/Librarian) Yes No
- I am on a Three-Year-Evaluation Cycle due to satisfactory evaluations which include peer evaluations and student evaluations (or equivalent) and possess a minimum of three evaluations for the course(s) requested for preference. Yes No

I am requesting Reemployment Preference for the following courses:

Course Taught (ex. ABC-1A)	Course Taught (ex. ABC-1A)	Course Taught (ex. ABC-1A)

Please sign and submit a copy of this completed form to your Dean. Please scan, and forward the original form, to the District Office of Educational Services and Strategic Planning at VC_EdServices@rccd.edu and to Susan.Brucks@rccd.edu. The request will be reviewed for verification, eligibility and inclusion on the Reemployment Preference list, pending approval. The results will be sent to you and your respective VP, Academic Affairs who will forward the status to your Dean and/or Department Chair.

Employee Name (Print/Sign) _____ Date: _____