

**MiraCosta Community College
District Work Assignment**

Faculty Name: _____ Today's Date: _____

Faculty's Dean: _____

Grant Manager/Cost Center Mgr. (if different from the Faculty's Dean): _____

Faculty Assembly President Notification Date (if applicable): _____

Semester(s): <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____	Dates <i>(If not semester-length assignment)</i> From: _____ To: _____
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Assignment: <i>(check only one)</i>	<input type="checkbox"/> FT Faculty Reassigned Time (47 hours per LHE)	<input type="checkbox"/> FT Faculty Non-Contractual/Stipend (not on Load Card)	<input type="checkbox"/> Associate Faculty Load Card Assignment	Associate Faculty Non-Teaching Assignment (not on Load Card)
Total:	LHE: _____	Hours: _____	LHE: _____	LHE: _____

Title of Work (as it will appear on Load Card): _____

Description of Work and Deliverables:

Costing Allocation

(Payroll Costs): _____ - _____ - _____ - _____ - _____ - _____

Designation/Grant Spend Ledger Cost Program Project Fund
 Category Acct Center

Funding Type (check one): Direct Fund Associate Faculty Backfill

SIGNATURES:

Employee Date

Grant/Budget Manager (if different from the Faculty's Dean) Date

Faculty's Dean Date

Vice President or Superintendent/President Date

Email Notifications Upon Approval

Faculty Assembly President	Enrollment Database Specialist
Payroll	Director of Labor Relations/Title IX Coordinator
Faculty's Dean & Their Assistant	Grant Manger/Cost Center Mgr. & Their Assistant
(Payroll Office Only) Pay ID: _____	Position #: _____