UNIVERSITY OF MAINE
PART-TIME TEACHING AVAILABILITY FORM

Date: ____________________

PLEASE PRINT
Name: ____________________________________ Social Security #: ____________________________________
Mailing Address: __________________________________________________________________________________
__________________________________________________________________________________
City                                   State                                                  Zip Code
Telephone:  Days  ____________________________ Evenings:  __________________________________________
Check (X) those locations for which you are available:
   _____ Campus   _____ Off-Campus   _____ Both Campus & Off-Campus
If available for off-campus, specify centers/sites:  _________________________________________________________
________________________________________________________________________________________________
Please indicate the divisions/departments for which you are interested in teaching:
________________________________________________________________________________________________
Please indicate any other University of Maine System campus for which you are interested in teaching:
________________________________________________________________________________________________
List the times you are available:

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
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<tbody>
<tr>
<td>MON.</td>
<td></td>
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<tr>
<td>TUES.</td>
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<td>WED.</td>
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<td>THURS.</td>
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<td>FRI.</td>
<td></td>
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<td>SAT./SUN.</td>
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</table>

Are you available to teach in other sessions? (Summer, May Term, etc.)  ___ Yes  ___ No
Include those courses that you are qualified to teach, in order of preference:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
(Specify course name and number)
How many courses would you prefer to teach each semester?  ___ One  ___ Two  ___ Three

_______________________________________  ____________________________
(Signature)                       (Date)

Return completed form by the deadline specified to: _______________________________________________________ 

NOTE: It is the part-time faculty member’s responsibility to provide current information. The University will rely on availability form which has been filed until it is updated. A part-time faculty member is not eligible for assignment unless an availability form has been filed.

revised: Jan. 2000