

**APPENDIX U1
REQUESTING OR DECLINING A GUARANTEED SUMMER ASSIGNMENT**

Name _____ Date _____

Department _____

Instructional, Library, and Counseling Faculty Member Request (Due by 2/1)

<p>_____ Requests a guaranteed summer assignment for: State any preferences below.</p>	<p>_____ Declines a guaranteed summer assignment.</p>
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Instructional, Library, or Counseling Faculty Member

Date

Immediate Supervisor Response (Due by 2/8)

_____ Request Accepted as Submitted

Available Summer Assignment (List Below)

Immediate Supervisor

Date

Faculty Member Response (Due by 2/15)

_____ Assignment Accepted

_____ Assignment Declined

Instructional, Library, or Counseling Faculty Member

Date