



**Faculty Request for Modification of Teaching Schedule
to Not Include Teaching Face-to-Face Classes**

Spring 2023 Semester
Faculty Responsibility Plan
____ADA ____Non-ADA

Faculty Name: _____ **A#:** _____

Division: _____ **Dept:** _____

Pursuant to STC Board Policy 3800, I will be fulfilling the 40-hour work week requirement with the responsibilities listed below.

If my request for modification and responsibility plan are approved, I will conduct these responsibilities in a virtual, online environment.

- Attend required division and department meetings
- Attend required professional development events and trainings
- Conduct course preparation and instruction for assigned sections
- Actively advise and mentor students
- Maintain 5 regularly scheduled and posted office hours per instructional week
- Maintain 5 departmental service hours as posted on my weekly schedule
- Respond to all communications from Dean, Department Chair, and students within one business day
- Other responsibilities not listed above: _____

I acknowledge the following:

Faculty teaching schedule may be modified ***if*** the department has sufficient number of online course offerings with enrollment to provide reasonable accommodation as appropriate.

Faculty Signature _____ **Date** _____

Received and Approved by Department Chair:

Signature _____ **Date** _____