

**MiraCosta Community College  
District Work Assignment**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_

**Faculty Assembly President Notification Date** (if applicable): \_\_\_\_\_

**Semester(s):** \_\_\_\_\_ **Dates** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(If not semester-length assignment)

<b>Assignment:</b> (check only one)	<input type="checkbox"/> <b>FT Faculty Reassigned</b> (47 hours per LHE)	<input type="checkbox"/> <b>FT Faculty Non-Contractual/Stipend</b> (not on Load Card)	<input type="checkbox"/> <b>Associate Faculty Load Card Assignment</b>	<input type="checkbox"/> <b>Associate Faculty Non-Teaching Assignment</b> (not on Load Card)
<b>Total:</b>	<b>LHE:</b> _____	<b>Hours:</b> _____	<b>LHE:</b> _____	<b>Hours:</b> _____

**Title of Work** (as it will appear on Load Card): \_\_\_\_\_

**Description of Work and Deliverables:**

---



---



---



---



---

**Workday**

**Acct String:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund      Spend Category      Cost Center      Project #      Program #      Designation/Grant

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

**Signatures:**

\_\_\_\_\_  
**Employee** **Date**

\_\_\_\_\_  
**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

(Payroll Office Only) Pay ID: \_\_\_\_\_ Position #: \_\_\_\_\_