



ACC eStaffing Exemption Request

Department _____

Department Chair name: _____ ACC phone: _____

ACC email: _____

Number of adjunct sections staffed each long semester. _____

Number of adjunct faculty on eligibility list: _____

Requesting exemption from Preferences Assignment Process Acceptance Process

Reason for exemption _____

Note: Please attach any additional information.

Department Chair Signature: _____ Date: _____

Approved Not Approved Reason not approved: _____

Dean signature: _____ Date: _____

For ACC eStaffing Committee Use Only

Approved

Disapproved

Reason/Comments _____

Chair Signature _____ Date _____

Final Approval

Approved Not Approved Reason not approved: _____

AVP Signature _____ Date: _____

Approved Not Approved Reason not approved: _____

EVP Signature _____ Date: _____