## NTT CONTRACT REQUEST

| Department      | /Program:  |                      |                    |                  | _              |                   |      |
|-----------------|--|----------------------|--------------------|------------------|----------------|-------------------|------|
| This reques     | t is for Full-Time NTT (six courses; one-pers  | son) or part-tim     | ne NTT             |                  |                |                   |      |
| This positio    | n replaces   |                      |                    |                  | _              |                   |      |
| Reason for      | replacement: retirement  sabbatical pai  | id leave 🔲 unpaid le | eave $\square$ oth | er (explain)     | □              |                   | _    |
|                 |  |                      |                    |                  |                |                   | _    |
| Describe wl     | hy this position is critical to your program   |                      |                    |                  |                |                   | _    |
| Identify cou    | urses that will be taught:   |                      |                    |                  |                |                   | _    |
| Cours           | e Title  | Course<br>Number     | # of<br>Units      | # of<br>Sections | FTE of courses | Fall or<br>Spring | Year |
| 1               |  |                      |                    |                  |                |                   |      |
| 3               |  |                      |                    |                  |                |                   |      |
| 4               |  |                      |                    |                  |                |                   |      |
| 5               |  |                      |                    |                  |                |                   |      |
| 6               |  |                      |                    |                  |                |                   |      |
|                 | lready identified a candidate? Yes No _<br>uin how you will conduct the search and how |                      | liverse poo        | l of applican    | ts.            |                   |      |
| If yes, is thi  | s person a full-time Occidental College empl   | loyee? Yes No        |                    |                  |                |                   |      |
| If yes, is thi  | s person an Occidental College Alumni? Ye  | es No                |                    |                  |                |                   |      |
| If yes, has the | his person taught at Occidental before? Yes  | No                   |                    |                  |                |                   |      |
|                 | n was the last time you observed his/her teach   |                      |                    |                  |                |                   |      |
|                 | he last time you evaluated this person's teach   |                      |                    |                  |                |                   | _    |
| Do you plar     | n to evaluate his/her teaching before reappoir   | ntment? Yes N        | o If n             | o, why not?      |                |                   |      |
| Name of car     | ndidate identified (Name as it appears on soc  | rial security card): |                    |                  |                |                   | _    |
| Address:        |  |                      |                    |                  |                |                   | -    |
| Home Phon       | e Day Phone  |                      | _ E-mail a         | ddress           |                |                   | -    |
| Attach reco     | ent C.V.   |                      |                    |                  |                |                   |      |
| Approvals:      | Department/Program Chair   |                      |                    |                  |                |                   |      |
|                 | For Dean's Office: Salary  | Dean's               | Annroval           |                  |                |                   |      |

PLEASE RETURN THIS FORM TO THE OFFICE OF THE DEAN OF THE COLLEGE