



Faculty Affairs

Lecturer Assignment Review for 2018-2019

Name _____ Fresno State ID _____ Department _____

1.) Years of Services after Spring 2018: _____ 2.) WTU Taught 2017-2018: Fall ____ Spring ____

3.) Type of Appointment and WTU's the lecturer is entitled to for 2018-2019 (check Order of Assignment)

- No Entitlement / *New Lecturer* (taught one semester only 2017-18 AND NOT eligible for 3 yr appt)
- Academic Year (taught both semesters 2017-18 *and not* eligible for 3 yr appt)
_____WTU's entitled to (add WTU from Fall 2017 and Spring 2018)
- Year 1 of 3 year appointment (2017-18 was either 6th consecutive year or year 3 of 3)
_____WTU's entitled to (add WTU from Fall 2017 and Spring 2018)
- Year 2 of 3 year appointment (2017-18 was either 7th consecutive year or year 1 of 3)
_____WTU's entitled to (add WTU from Fall 2016 and Spring 2017)
- Year 3 of 3 year appointment (2017-18 was either 8th consecutive year or year 2 of 3)
_____WTU's entitled to (add WTU from Fall 2015 and Spring 2016)

4.) After following the order of assignment and giving careful consideration to lecturers in the part-time pool, indicate whether the entitlement was met, increased, or decreased and provide an explanation if requested.

- Appointment offer met the individual's entitlement.
- Appointment offer has more WTU than entitled. (*Use this for New Lecturers*)
Did any lecturer that has taught course(s) assigned to the individual listed above receive less than their entitlement? Yes No
If yes, why was the "other" lecturer not assigned the course (select one)?
 Turned down the course and/or section attach documentation)
 Poor evaluations (requires documentation in the PAF)
 Other _____

- Appointment offer has fewer WTU than entitled.
Has any other lecturer that has taught the course(s) assigned to the individual listed above, received more than their entitlement? Yes No
If yes, why wasn't the individual listed above assigned the course (select one)?
 Turned down the course and/or section (attach documentation)
 Poor evaluations (requires documentation in the PAF)
 Other _____

*Submit Payroll Separation form if appointment was assigned **zero-units**. (See Payroll Separation form for more information)

Signature of Department Chair _____