



Louisiana  
Technical College

SUMMER EMPLOYMENT ASSIGNMENT FORM

Instructor's Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Campus Dean: \_\_\_\_\_

District Vice Chancellor/Provost: \_\_\_\_\_

Directions: Please type selected option and add the details of the assignment if approved.

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**Instructor**

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

\_\_\_\_\_  
**Campus Dean**

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

\_\_\_\_\_  
**District Vice Chancellor/Provost**

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

*Policy Reference:* LCTCS Policy #II.3.003 Leave Record Establishment  
 LCTCS Policy #II.3.018 Outside Employment  
 LTC Disclosure of Outside Employment Form #HR500.7  
 LTC Summer Assignment for Twelve Month Instructors HR500.37

*Policy Review:*

<b>X</b>	<b>Reviewing Council/Entity</b>	<b>Review Date</b>	<b>Effective Date</b>
	PeopleSoft Implementation Team		
X	Human Resources Committee	04/12/05	
X	LTC Executive Council	04/12/05	
X	Chancellor Approval	04/12/05	05/17/04

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*SIGNATURE*

*Margaret Montgomery-Richard, Ph.D.*  
*Chancellor*