

YUBA COMMUNITY COLLEGE DISTRICT

ALTERNATIVE WORK SITE APPLICATION AND AUTHORIZATION

This application must be submitted for approval to the immediate supervisor of the person making the request. This application is to be used if an instructor wishes to have authorization to change his/her work site to a location different from that in the printed class schedule. THIS FORM IS NOT TO BE USED FOR APPLICATION OR AUTHORIZATION OF A FIELD TRIP or ALTERNATIVE CLASS SITE.

Instructor _____ Date of application _____

Scheduled Work Site Information:

Class Code _____ Class Title _____

Days _____ Time _____ Room _____

Alternative Work Site Information:

Location _____ Approximate miles _____

Date of use of alternative site _____ Time _____

Reason for use of alternative site _____

Activity for students effected by change _____

I am aware of and I have complied with the conditions required for approval of this request.

Instructor signature _____ Date _____

Supervisor's response to the application: Approve Do not approve

Supervisors signature _____ Date _____

1st copy to supervisor , 2nd copy to instructor making request