Approved Break / Reduction of Service Request Form

Per Article XV of the SCEA Contract, vested status does not extend to part-time faculty members who have a break in their service to the discipline unless reviewed by the cognizant Dean and approved by the Vice President for Human Resources prior to the break in service, based on verified justification submitted by part-time faculty member.

To request a break in service or reduction of service, please complete the following information

Name: _____

School / Department: _____

Discipline(s) from which an approved break/reduction in service is requested:

Discipline #1:_____ Are you currently vested in this discipline? Select

Discipline #2:_____ Are you currently vested in this discipline? Select

Semester(s) in which break will occur *(i.e. Fall 2026)* : _____

Contractual Reason for the Break/Reduction of Service Request (15.2.4): *(select one)*

☐ A circumstance beyond the adjunct faculty member's control, such as a serious illness or injury to the unit member or his/her immediate family as defined in Article 5.4.2., a National Guard or military reserve obligation, jury duty of an extended length, civil unrest, or a natural disaster directly affecting said faculty member.

☐ Class cancellation due to low enrollment

☐ Approved staff development project or similar assignment in lieu of any LHE or work hours

☐ Class or work assignment made by the part-time faculty member's cognizant Dean that is outside of their discipline in lieu of any LHE or work in their discipline

☐ Full time work assignment at another educational institution but not to exceed one year

(NOTE: This form is not required when a vested Unit Member has a Break/Reduction in service below their established average load in a discipline pursuant to Provision 15.2.5.1.1. The Break/Reduction of Service will be initiated by the school/department.)

Comments (optional): _____

_____

_____

Signature: _____ Date: _____

SCHOOL / HUMAN RESOURCES REVIEW

School Dean:

☐ I recommend the approved break/reduction in service be granted

☐ I DO NOT recommend the approved break/reduction in service

Comments (required if not recommending)_____

_____

Dean's Signature_____ Date:_____

Vice President of Human Resources:

☐ I grant the approved break/reduction in service

☐ I grant the approved break/reduction in service with the following modifications/conditions:_____

_____

_____

☐ I DO NOT grant the approved break/reduction in service due to the following reasons: _____

_____

_____

VP's Signature_____ Date:_____