

**South Orange County Community College District
Saddleback College**

TEAM TEACHING REQUEST

Semester _____

Year _____

DATE _____

Ticket	Course Title	
Time	Days	Location

INSTRUCTOR #1 _____	# _____	LHE	# _____	OSH
INSTRUCTOR #2 _____	# _____	LHE	# _____	OSH
INSTRUCTOR #3 _____	# _____	LHE	# _____	OSH
INSTRUCTOR #4 _____	# _____	LHE	# _____	OSH

DESCRIBE THE COURSE RESPONSIBILITY OF EACH INSTRUCTOR

INSTRUCTORS MUST UNDERSTAND THAT THEY ARE NOT REQUIRED TO BE PRESENT WHEN ANOTHER INSTRUCTOR IS TEACHING. IF THEY ARE PRESENT, THEY WILL NOT BE PAID EXTRA COMPENSATION.

ACCEPTED BY:

Instructor #1	Instructor #2
Instructor #3	Instructor #4

Recommended By (Division Director)	Approved By (Dean of Instruction)
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Distribution: Office of Instruction

Division: Team Teaching Request Form (03/00)