

**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)
------------------------------------	-----------------------------------

**Distribution: Office of Instruction**

Division: Team Teaching Request Form (03/00)