

# Voluntary Transfer, Split & Concurrent Assignment Application

Please complete section 1 of this form if you have interest in changing all or part of your permanent assignment using the process described in Article 23 of the WVMFT Collective Bargaining Agreement.

In order to implement a split or concurrent assignment, a member must initiate the application process in the semester prior to the semester in which the new assignment is to become effective.

This application must be completed and approved by the College Presidents no later than the 8<sup>th</sup> week of the semester prior to the semester in which the new assignment is to become effective.

Faculty are encouraged to meet with their Division/Dept Dean to discuss their intention prior to submitting this form.

## SECTION I (To be completed by the applicant – Faculty member)

Name of Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Current College \_\_\_\_\_ Current Div./Dept. \_\_\_\_\_ / \_\_\_\_\_

Name of College/Dept. you seek to have a permanent assignment \_\_\_\_\_ / \_\_\_\_\_

Course title you are seeking \_\_\_\_\_

The semester in which I would like this assignment to take effect:

Semester \_\_\_\_\_ Year \_\_\_\_\_

### Type of request - please choose one of the following:

- Transfer** - A **transfer** is the reassignment of a member from the college or department where presently assigned to fill a full-time vacancy in which the member meets the minimum qualifications or equivalencies. The vacancy may be in another department at the same college or in the same or a different department at the other college. Transfer requires a vacant position.
- Split Assignment** - A **split assignment** is one in which a member holds permanent assignments in more than one (1) department in which the member meets the minimum qualifications or equivalencies within the District.
- Concurrent Assignment** - A **concurrent assignment** is one in which a member holds permanent assignments in which the member meets the minimum qualifications or equivalencies at both Colleges.

**Questions:**

1. Briefly explain how you are qualified to teach/work in the discipline of the department you wish to be assigned to.

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2. Are there any specific courses in the receiving department for which you would be exceptionally qualified to teach? Are there any courses you would not be well qualified to teach?

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**Minimum Qualifications:**

- I possess the degree(s) as listed in the [Statewide Minimum Qualifications Disciplines List](#) and my supporting transcripts are attached.

**OR**

- I request equivalency (Complete and include a *Faculty Equivalency Request Form* at end of this application.)

Applicant \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID# (G#)

Forward the application to the Human Resources Department.

**SECTION II** (To be completed by Human Resources)

**Review of Minimum Qualifications:**

- Applicant possesses the degree(s) as listed in the Statewide Minimum Qualifications Disciplines List
- Appropriate transcripts have been submitted with this application
- If necessary, the Equivalency process has been completed and the ruling is as follows: \_\_\_\_\_

\_\_\_\_\_

Human Resources \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Forward the application to the sending department

**SECTION III** (To be completed by **sending** Department)

**Department Review:**

1.

- I recommend the member's request.
- I do not recommend approval of member's request based on the following rationale.

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2.

- I acknowledge that the Dept. has adequate staffing or sufficient allocation to replace the member
- The department does NOT have adequate staffing or sufficient allocation to replace the member.  
Explain any staffing issues or challenges that may arise from an approval of this application

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3.

- I recommend approval of the member's request based on the following timeline:

Semester \_\_\_\_\_ Year \_\_\_\_\_

- I do not recommend approval of the member's request based on the following rationale:

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Department Chair \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Division/Dept. Dean \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Vice President \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**SECTION IV** (To be completed by **sending** College President within 10 working days of receipt of application)

**Final Approval from Sending College:**

- I approve the transaction requested in this application
- I do not approve the transaction requested in this application based on the following rationale

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College President \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Forward the application to the receiving department

**SECTION V** (To be completed by **receiving** Division/Department Dean within 10 working days of receipt of application)

**Recommendation from Receiving College:**

- I approve the transaction requested in this application
- I do not approve the transaction requested in this application based on the following rationale

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Department Chair \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Division/Dept. Dean \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Vice President \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Final Approval from receiving College President**

College President \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)