

CCSN Update

Academic Faculty Policies

Number: ACF-24

Title: Office Request Form Policy

Policy Effective Date:

July 25, 2005

Approved:

Richard Carpenter

CCSN President

July 25, 2005

Date

Faculty Senate Recommendation

Faculty Senate Recommendation Unnecessary

Recommended

Not Recommended*

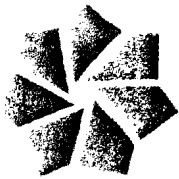
(if not recommended, reasons are set forth in a separate attached memo)

Darren Divine

Faculty Senate Chair

July 19, 2005

Date



**COMMUNITY
COLLEGE
SOUTHERN
NEVADA**

**FACULTY SENATE
CHARLESTON CAMPUS**

6375 WEST CHARLESTON BOULEVARD – W3D
LAS VEGAS, NEVADA 89146-1164
PHONE (702) 651-7330 — FAX (702) 651-5878

To: Dr. Richard Carpenter, President
From: Dr. Darren Divine, Faculty Senate Chair
RE: Office Request Form

Dr. Carpenter,

On May 7th, 2004, the Faculty Senate approved an official Office Request Form (Document A - Attached). Although we have several documents showing that this form was approved by Faculty Senate, was transmitted to then President Paul Gianini, and was subsequently approved by Dr. Gianini (Documents B-E - Attached) in scouring the college's files, we simply cannot find the signed, approved copy of this Office Request Form. Thus, in an abundance of caution, I respectfully ask that you consider this document for formal approval.

Community College of Southern Nevada
OFFICE REQUEST FORM
(New and Transfer)

<u>STATUS OF EMPLOYEE:</u>	<u>CAMPUS/CENTER REQUESTED:</u>	<u>IF TRANSFER REQUEST:</u>
<input type="checkbox"/> Full time academic	<input type="checkbox"/> West Charleston	Current campus _____
<input type="checkbox"/> Full time administrative	<input type="checkbox"/> Cheyenne	Office/Bldg From: _____
<input type="checkbox"/> Full time classified	<input type="checkbox"/> Henderson	Office/Bldg To: _____
	<input type="checkbox"/> Other _____	

Name of employee or position (if known) _____

Department / area _____

Discipline / specialty _____

List all needs, special location or other accommodations, or the reason for the transfer. Please be specific and complete, including Telemedia/AV, computer, furniture, O&M, phone and any other needs:

Date office needed: _____

Employee's name _____

Employee's signature _____ Date: _____

Department Chair's (Director's) name: _____

Department Chair's (Director's) signature: _____ Date: _____

Division Dean's name: _____

Division Dean's signature: _____ Date: _____

Key request completed? Yes No Date completed _____

Submit this form to the Chief Campus Administrator for the campus being requested.



Date request received: _____ Hire date: _____

Chief Campus Administrator: _____

Office assigned: _____

Date Department Chair notified of action: _____

Date Dean notified of action: _____

Community College of Southern Nevada
OFFICE REQUEST FORM
(New and Transfer)

DOCUMENT B

STATUS OF EMPLOYEE: CAMPUS/CENTER REQUESTED: IF TRANSFER REQUEST:

- | | | |
|---|--|-------------------------|
| <input type="checkbox"/> Full time academic | <input type="checkbox"/> West Charleston | Current campus _____ |
| <input type="checkbox"/> Full time administrative | <input type="checkbox"/> Cheyenne | Office/Bldg From: _____ |
| <input type="checkbox"/> Full time classified | <input type="checkbox"/> Henderson | Office/Bldg To: _____ |
| | <input type="checkbox"/> Other _____ | |

Name of employee (if known) _____

Department / area _____

Discipline / specialty _____

Special needs, location or other accommodations, or why this move is being requested. Please be specific and complete: _____

Date office needed: _____

Department Chair* name: _____

Department Chair's* signature: _____ Date: _____

Division Dean's name: _____

Division Dean's signature: _____ Date: _____

Vice President's signature: _____ Date: _____

In addition to submitting this office request form, please contact the proper areas for any furniture, O&M or AV/Telemedia requests for this office.

*If there is no Department Chair, then the responsibility will go to the coordinator; if there is no coordinator, then the responsibility will go to the senior member in the area.



Date request received: _____ Hire date: _____

Chief Campus Administrator: _____

Action taken: _____

Date Department Chair* notified of action: _____

ate Dean notified of action: _____

Last revised 4/19/04

3.2.1 FACULTY OFFICES POLICY

1. The Administration at CCSN will provide one (1) faculty office per instructor.
2. The Provost at each campus in consultation with Department Chairs* would identify and allot one (1) or more office complexes to each department close to the actual teaching areas.
3. Allotment of available offices in each office complex will be determined by seniority as below.
4. In an office complex which is shared by different departments, individual offices will be identified as being under the domain of a specific department and Department Chairs* will have complete control over how they are allotted.
5. If a permanent transfer of faculty from one campus to another is necessitated.
 - A. If no office space is available, the Department Chair* will consult with the Provost to acquire suitable office space.
 - B. The faculty of the concerned department will have first preference for the vacated office. If no faculty within the department needs that office, the Chair* can allot it to faculty outside of the department at the request of the Provost.
 - C. If the faculty from one (1) department is moving from campus A to B and faculty from another department is moving from campus B to A, an exchange can be made by mutual consent of the existing Chairs*.
6. No administration official will move into the faculty office without the Chair's* consent.
7. Each office should be adequately furnished with all necessary equipment.
8. Prior to reassignment of an office, the current faculty member or his/her next of kin or person designated to be contacted in case of an emergency will be permitted initial access to the office to gather personal belongings.

3.2.1 A GENERAL GUIDELINES FOR DEPARTMENT POLICY

Seniority will begin on the faculty members sign their first full-time contract. In the event that a new faculty member has not yet moved to Las Vegas when the contract is available for signing, Human Resources will fax a copy of the contract to the faculty member and send the original via express mail with a tracking date. The faculty member may sign the fax copy and return it to Human Resources via fax and the date will be used for seniority purposes provided the original is signed and returned within two weeks of receipt. Seniority for existing faculty will be based on the date they signed their first fulltime contract.

If offered an office, a faculty member may waive seniority for that office in favor of remaining in close proximity to her/his actual teaching areas. Once seniority is waived for a specific office, it cannot be changed. However, if a different office becomes available at a later date, seniority for available offices still applies.

There is no appeal process except for offices assigned in a manner not listed above.

*If there is no Department Chair then the responsibility will go to the coordinator, if there is no coordinator, then the responsibility will go to the senior member in the area.

Joanne ✓
 FAX 5638

Office Policy Philosophy

At the Community College of Southern Nevada, private faculty office space is an integral part of the faculty employment package and is essential in providing a high quality teaching and learning environment. Faculty offices and the adjacent office areas serve multiple functions. These areas provide a space for an instructor to meet with students outside the classroom, prepare class lectures and assignments, confer with colleagues, and foster a sense of community within academic disciplines and across disciplines. All policies regarding faculty offices should reflect industry-wide and UCCSN standards and provide equitable consideration to each faculty member. Each full time faculty member shall be offered an appropriate office space on campus. If he/she elects to voluntarily share an office or work at home in lieu of working in a campus based office, this shall be considered a short-term agreement and be reassessed on a periodic basis.

1. Offices are a basic and important tool in a teaching/learning community, necessary for quality instruction similar to a classroom.
2. The basic office should be at least 10 x12 feet with a door, four walls, ceiling, and privacy. [Some offices on campus are smaller than this, but we strongly recommend a minimum size of 120 square feet.] Each office should include a desk, desk chair, phone, computer that conforms to contemporary standards for professional office work, a connection to a printer and a monitor, waste basket, file cabinet, bookshelves, two chairs for students or visitors, adequate light for reading and adequate heating and cooling.
3. Off limits areas restricted from conversion to Offices are: built-in community kitchens, secure academic book storage and the areas for Department copy rooms, and mail box rooms.
4. Offices should be assigned to Departments and then assigned by Seniority. These placements should be made in agreement by the Faculty Member, the Dept. Chair and the Chief Campus Administrator. Appeals may be made to the Dean of the Area, and then to the Vice President of Academic Affairs.
5. If there is an office shortage, CCSN should convert classrooms to office use until new offices are available. Temporary classrooms should be rented until offices are available.
6. All new buildings, as part of the design, should include faculty and professional offices designed to meet the growing needs of CCSN. The design should include offices built to the critical minimum specifications as stated in item number two.
7. Office needs, growth responsibility projections and procurement are the responsibility of the Vice President of Academic Affairs, College Controller/VP, and the President.

This will go to the Faculty Senate for their input before we tackle the large job of totally revising the Office Policy as included in the Professional Staff Handbook.

Last revised 4/28/04