



WORKFORCE SERVICES
501 College Drive
Charlottesville, Virginia 22902-7589

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Fax 434-961-5270
V/TTY 434-977-4265
www.pvcc.edu

Faculty Name

Assignment

Assignment Dates

Assignment Times

I certify that this assignment does not interfere with my academic teaching load, work performance, or professional responsibilities to the college, or create a conflict of interest as specified in the State Conflict of Interest policy.

Faculty Signature

Faculty Name (Please print)

Date

By signing below, I hereby give approval for the above faculty to accept this Assignment on the dates and times listed above. Any changes in the dates must be re-approved.

Dean's Signature

Dean's Name (Please print)

Date

Please return the signed form to Workforce Services.