

Atlantic Cape Community College. If I fail to successfully complete two semesters upon my return to the college, I understand that the college will garnish my wages. I also understand that a 60% work load includes proportionate contact hours, office hours and participation in department and committee meetings.

I acknowledge that I have read and I understand the terms of Policy No. 110 and Procedure No. 110.1. I further acknowledge that FINAL approval of the application is solely at the discretion of the ACCC Board of Trustees and shall be deemed final.

Approvals

Signature of Applicant/Date	_____	_____
Signature of Department Chair/Date:	_____	_____
Signature of Dean of Instruction/Date:	_____	_____
Signature of Senior Dean of Academics/Date:	_____	_____
Signature of Human Resources Officer/Date:	_____	_____
Signature of College President/Date:	_____	_____

*This form must be completed and submitted to the Human Resources department.
Submission of this form does not indicate approval of request.*