

Course Proposal

Name _____ Is this your first time teaching? _____
 Phone (home) _____ Cell Phone _____ Email _____
 Work Location: _____ Work Title: _____ Work Phone: _____
 Address _____
 Course Name _____

Description of Course:

Class time: From _____ am/pm To _____ am/pm Start date: _____ End date: _____
 Day/s of the week: _____ # of classes to be held: _____ # of students per class: Min _____ Max _____
 Ages of students (i.e. 13 and up, 18 and up) _____
 Type of room needed (gym, classroom etc.): _____
 Supplies needed (white board, sink etc.): _____
 Any supplies students need for class? _____
 Supplies you furnish for class: \$ _____/person Will you need photocopies? _____
 Financial arrangement: 70/30 Adult Programming Cost of class _____
 75/25 Youth Programming

Please Check One of the Following (and New Instructors will need to provide a):

- W-9 Form- Independent Contractor
- OR
- Complete Employee Paperwork & \$20 for Background Check
- OR
- Complete Employee Paperwork & \$30 for Background Check (licensed teacher)
- OR
- Previous Instructor with Albert Lea Community Education

 Instructor Signature Date Community Education Signature Date
 _____ Via Phone/e-mail _____ Date

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED. THANK YOU!

FOR OFFICE USE ONLY (2016-2017):

CODE _____

FACILITY _____

New Employee Paperwork Completed: