



OFFICE OF ACADEMIC AFFAIRS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
(Dean/Administrator)

FROM: \_\_\_\_\_  
(Faculty Member)

SUBJECT: Work Block Waiver

In accordance with Article 13, Section D.3 of the LACCD/AFT Agreement regarding assignments in excess of five workblocks, I have agreed to waive my right to any additional load credit for the \_\_\_\_\_ semester.

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AFT Chapter President Signature

\_\_\_\_\_  
Date