Los Rios Community College District

DEPARTMENT CHAIR COMPENSATION FORM

This form is to be completed by the current Department Chair (or other department faculty representative) and dean immediately following each department chair election. The submission deadline is two weeks after the department election results are announced.

Compensation for Department Chairs is initially set based on department FTE (or FTEF for counseling and library departments) as shown below. In some cases, Department Chair workload necessitates increased compensation above these standard levels. This form can be used to explain the need for increased compensation beyond this initial placement.

Copies of signed Department Chair Compensation Forms will be kept on file by LRCCD for at least 3 years, and will be provided to LRCFT upon request.

Initial Department Chair Compensation Table

Dept FTE/FTEF:	Level	Chair Reassigned Time*	Anticipated Average Hours/Week**
Less than 5 FTE	1	0.1 FTE per semester	3.5 hours
5.0 to less than 10.0 FTE	2	0.2 FTE per semester	7 hours
10.0 to less than 16.0 FTE	3	0.3 FTE per semester	10.5 hours
16.0 to less than 25 FTE	4	0.4 FTE per semester	14 hours
More than 25 FTE	5	0.5 FTE per semester***	17.5 hours

^{*}Chairs are required to take the chair reassigned time as part of their full-time load. Levels 1-3 chairs may combine fall and spring reassigned time if needed in order to take a course release in either fall or spring.

**The anticipated average hours per week in the Chair Compensation table is for determining department chair compensation only. The anticipated average hours per week for department chairs may not accurately reflect the total number of hours a department chair is expected or required to work each work day, week, or semester. The Chair Compensation Table may not be used to determine the hourly work week expectations or work hours for any LRCFT members.

Please choose one:

A. This level of compens	ation accounts for	the expected w	orkload of
the Department Chair. (If A is	checked, the Chai	r and Dean sig	n below.)

____ B. This level of compensation **does not** account for the expected workload of the Department Chair. (If B is checked, the request must be signed by the Chair, Dean, and appropriate Vice President.)

^{***0.5} FTE per semester shall be the maximum reassigned time available to any Department Chair.

Request for increased compensation: If B is selected, compensation level can be increased by mutual agreement between Department Chair and Dean and approval of the appropriate Vice President. To request an increase, attach a document describing the additional workload and the estimated average number of additional hours per semester needed to complete the additional work.

Department:	College:	Years:		
Signature of Chair (or departmental faculty representative):				
Signature of Dean (or other approp	riate administrator):			
Request for additional level(s) of co	ompensation: Approve	Deny		
Signature of appropriate college Vi	ce President:			

Should a request for an increased level(s) of compensation be denied, the Vice President will explain to the Department Chair in writing why the request was denied. It shall be the joint responsibility of the Chair and Dean to re-prioritize and/or eliminate tasks based upon the outcome.

Increased compensation is approved for the two-year term of the Chair and reverts back to the base FTE allocation at the end of the two-year term. If increased compensation is needed by a Chair elected in a subsequent election, the Chair must submit the Department Chair Compensation Form and a document describing the additional workload and average number of hours per week needed to complete the additional work no later than two weeks after the election results are announced.