STA Data Collection Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | Last Name: | | | | | Banner ID: | | | Faculty  Contract Instructor | | | Department: | | | | | |
| Reason for Request (please provide **description** below): | | | | | | | | | | | | | | | | | |
| Medical:  Administrative:  Academic:  Other: | | | | | | | | | | | | | | | | | |
| **Section A: Unavailable Time Slot(s)**  Column I = Instructors: Mark **unavailable** time slot(s) with an X  Column AT = Departmental Administrator: Mark appropriate level of categorization – 1,2,3 or (N/A) Not Approved | | | | | | | | | | | | | | | | | |
|  | | Monday | | | | Tuesday | | | Wednesday | | | Thursday | | | | Friday | |
| Column | | I | | AT | | I | AT | | I | AT | | I | | AT | | I | AT |
| 8:30am–9:30am | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 9:30am–10:30am | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 10:30am–11:30am | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 11:30am–12:30am | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 12:30pm–1:30pm | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 1:30pm–2:30pm | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 2:30pm-3:30pm | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 3:30pm-4:30pm | |  | |  | |  |  | |  |  | |  | |  | |  |  |
| 4:30pm-5:30pm | |  | |  | |  |  | |  |  | |  | |  | |  |  |
|  | | | | | | | | | | | | | | | | | |
| 6:00pm-7:00pm |  | | | |  |  | |  |  |  | |  | | |  |  |  |
| 7:00pm-8:00pm |  | | | |  |  | |  |  |  | |  | | |  |  |  |
| 8:00pm-9:00pm |  | | | |  |  | |  |  |  | |  | | |  |  |  |
| 9:00pm-10:00pm |  | | | |  |  | |  |  |  | |  | | |  |  |  |
| Category levels must be assigned by the Chair/Director | | | | | | | | | | | | | | | | | |
| *Category 1 (Legislative Requirements)*  Carleton Human Rights Policy | | | | | | *Category 2 (Reported Circumstances)*  A medical condition not covered by Category 1 Family/personal issues of a serious nature, other official academic responsibilities | | | | | | *Category 3 (May Accommodate)*  Category 3 requests will be considered and will be accommodated if possible | | | | | |
| Section B.1: Location Restrictions/Requirements; or | | | | | | | | | | | | | | | | | |
| Section B.2: Modification of General Parameters | | | | | | | | | | | | | | | | | |
| Special Arrangement Details  Instructor to complete | | | | | | | | | | | | | Level of Categorization AT to indicate level: 1, 2, 3 or NA (not approved) | | | | |
|  | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | |  | | | | |
| Signature of Instructor: | | |  | | | | | | | | Date: | | | |  | | |
|  | | | | | | | | | | | | | | | | | |