STA Data Collection Form

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| --- | --- | --- | --- | --- |
| First Name: | Last Name: | Banner ID: | FacultyContract 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 XColumn 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 DetailsInstructor to complete | Level of Categorization AT to indicate level: 1, 2, 3 or NA (not approved) |
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| Signature of Instructor: |  | Date: |  |
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