

**COLLECTIVE BARGAINING
AGREEMENT**

between

**THE BOARD OF TRUSTEES OF
BROWARD COMMUNITY COLLEGE**

and

**THE UNITED FACULTY OF FLORIDA
BROWARD COMMUNITY COLLEGE CHAPTER**

2001 - 2002

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APPENDIX C

Annual Addendum Contracts Longer than 163 Days

Dental Assisting

Dental Hygiene

Medical Assisting

Vision Care

Criminal Justice

Fire Science

Counselors

Librarians

APPENDIX A-1

Notice of Grievance Submission

Grievance Number: _____

Grievant Name: _____

Grievance Representative: _____

Date: _____

IN ACCORDANCE WITH THE PROVISIONS OF THE UFF-BCC COLLECTIVE BARGAINING AGREEMENT, AND UNDER THE CONDITIONS THEREIN SPECIFIED, THE ABOVE GRIEVANCE IS HEREBY FILED ON THIS DATE AT STEP _____, WITH _____ AS THE GRIEVANT'S IMMEDIATE SUPERVISOR.

Signature of Grievant

Signature of Grievance Representative

APPENDIX A-2

Grievance Form

Name: _____

Office Location: _____

Campus: _____ Phone: _____

Provisions of Agreement Violated: Article(s) and Section(s):

Statement of Grievance (include date of acts or omissions complained of):

Remedy Sought:

Grievant's Signature: _____

Date Submitted: _____

UFF Grievance Representative's Signature _____
(If UFF is representing the grievant, a UFF grievance representative will sign here.)

APPENDIX B

PAY CALCULATION WORKSHEET FOR EXCESS CREDIT AND CONTACT HOURS

I. FACULTY INFORMATION

Name: _____ SSN: _____ Rank: _____

II. COURSE INFORMATION Academic Year _____

Notes: (1) EXCLUDE extra-pay teaching assignments; (2) INCLUDE release time credits and sabbatical credits; (3) Three reassigned credit hours/One sabbatical unit three contact hours

<u>TERM I</u>		
Course	Credit Hrs	Contact Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: [a]_____ [b]_____

<u>TERM II</u>		
Course	Credit Hrs	Contact Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: [c]_____ [d]_____

<u>TERM III</u>		
Course	Credit Hrs	Contact Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: [e]_____ [f]_____

Credit Hours = [a]_____ + [c]_____ + [e]_____ = [A]_____

Contact Hours = [b]_____ + [d]_____ + [f]_____ = [B]_____

APPENDIX B

PAY CALCULATION WORKSHEET FOR EXCESS CREDIT AND CONTACT HOURS (CON'T)

III. CALCULATION OF EXCESS CREDIT HOURS

$$\text{Adjusted Credit Hours} = \frac{[A] \text{ Credit Hours} + [B] \text{ Contact Hours}}{2} = [C] \underline{\hspace{2cm}}$$

$$\text{Excess Adjusted Credit Hours} = [C] \text{ Adjusted Credit Hours } \textit{minus} \text{ yearly credit hour load}^* = [D] \underline{\hspace{2cm}}$$

Extra-pay Lecture course compensation, Article # 5.31 [H]

$$\text{Pay for Excess credit Hour(s)} = \frac{[D] \text{ } - x [H] \text{ }}{3} = [E] \underline{\hspace{2cm}}$$

IV. PAY CALCULATIONS FOR EXCESS CONTACT HOURS

$$\text{Excess contact Hours} = [B] \text{ Contact Hours } \textit{minus} [D] \text{ Excess Adjusted Credit Hours } \textit{minus} \text{ yearly credit hour load}^* = [F] \underline{\hspace{2cm}}$$

Extra-pay Lab course hourly pay rate, Article #5.32 [I]

$$\text{Pay for Excess Contact Hour(s)} = [F] \text{ } - x [I] \text{ } - x 16 \text{ weeks} = [G] \$ \underline{\hspace{2cm}}$$

V. TOTAL PAY FOR EXCESS CREDIT HOURS AND EXCESS CONTACT HOURS

$$[E] \underline{\hspace{2cm}} = [G] \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Subtract 30 credits hours if on a 163 day contract