

Workload Schedule Form

Personal Information

Name:		Department:		EMPLID:	
Date:		Term/Year:		Cell Phone:	
Title:				Home Phone:	
Email:					
Home Address:					

Course Assignments

	Subject	Course Number	Section	Class Number	Contact Hours	Credits /Units	Overload (Y-# hrs/N)
A	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
Total:							

Reassigned Time

	Reassigned Time Description:	Total Hours
B		
Total Reassigned Hours:		

Subtotals: A _____ B _____ Total A+B= _____

Notes

C	
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Chairperson Approval: _____ **Date:** _____

*I certify that the activities and hours reported above are accurate and within the limits set by the University's Multiple Position Policy. I recommend approval.

Office Hours: Please Indicate Day, Time, Room # & Telephone Extension

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