

Personal Information					
Name:		Department:		Emplid:	
Date:		Term/Year:		Ref#:	
Title:		FT/PT:		Cell Phone:	
Email:				Home Phone:	
Home Address:					

Course Assignments							
	Subject	Course	Section	C1 Course #	Contact Hours	Credits /Units	Overload (Y-# hrs/N)
A	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	<b>Total:</b>						

Reassigned Time	
Reassigned Time Description:	Total Hours
<b>Total Reassigned Hours:</b>	

**Subtotals:    A    \_\_\_\_\_    B    \_\_\_\_\_    Total A+B=    \_\_\_\_\_**

Notes	
C	

**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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