

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						
	Total:						

Reassigned Time	
Reassigned Time Description:	Total Hours
Total Reassigned Hours:	

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

Notes	
C	

Chairperson Signature: _____ **Date:** _____

***Chairperson's Form must be signed by the Provost**

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

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