KINGSBOROUGH COMMUNITY COLLEGE Of The City University Of New York Office of Academic Affairs

Workload Schedule Form Fall & Spring

Personal Information											
Name:					Department:		Em		lid:		
Date:					Term/Year:	Year:		Ref#:			
Title:					FT/PT:			Ce			
									ne:		
Email:								Hor Pho			
Home Address:											
Course Assignments											
		Subject	Course	Sectio	n C1 Cours	se #	Contact Hours		Credit /Unit		
	1										
	2										
	3										
	4										
Α	5										
	7										
	8										
	9										
		Total:									
Reassigned Time											
	Reassigned Time Description:								Total Hours		
В											
	Total Reassigned Hours:										
			A	В	Т	otal	A+B=	I			
							-			_	
					Notes						
С											
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.											
	Offi	ce Hours: P	lease Indicat	e Day	Time Roo	m #	& Tele	nhor	ne Ex	tension	
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