Full time Faculty Workload Report

A Faculty Workload form must be completed and forwarded to your department chairperson by the end of the third week of each semester.

Please enter the following data in the appropriate spaces:

Enter complete course codes and section numbers for all courses taught as part of your full-time workload in section 1. (Do not list multiple position courses in section 1.)

Enter complete reassigned time information in section 2.

Add the total teaching hours in section 1 and the total reassigned time in section 2 for total workload in section 3.

Enter multiple position data, if any, in section 4.

If you have any questions regarding this form, please call

Ben O'Loughlin of HR at ext. 8302.
FACULTY WORKLOAD REPORT

Semester ______ Year ______ Department ______________

Name: __________________________ Rank: __________________________

1) **TEACHING**: Please list below course and section numbers of all courses taught as part of your full-time workload this semester and the teaching hours for each course. Do not include Multiple Positions here. List multiple positions in part 4, below.

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<th>Course &amp; Section no.</th>
<th>Teaching Hours</th>
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**TOTAL NUMBER OF TEACHING HOURS:** ______

2) **REASSIGNED TIME**: Please list all reassigned time and project or assignment.

   **A) DEPARTMENTAL or ADMINISTRATIVE**
   - Number of Hours ______ Project or responsibility ______________________
   - Number of Hours ______ Project or responsibility ______________________

   **B) GRANT FUNDED**
   - Funding Source ______________________ RF # ______
   - Number of Hours ______ Project or responsibility ______________________
   - Funding Source ______________________ RF # ______
   - Number of Hours ______ Project or responsibility ______________________

   **TOTAL REASSIGNED TIME:** ______

3) **SEMESTER WORKLOAD**:
   Add total teaching hours + total reassigned time = **SEMESTER WORKLOAD**

4) **MULTIPLE POSITION**:
   - Course & Section no. ________________ Teaching Hours ________________
   - Signature of faculty/staff member __________________ Date ________________
   - Signature of Chairperson ________________ Date ________________

BMCC/HR 8/25/00