**Name:** Click to enter text. **Banner ID:** Click to enter text.

**Classification:** Click to enter text. **Program/Division:** Click to enter text.

**Academic Year:** Click to enter text. Click to enter text.

# **Teaching Workload**

Please list all courses taught during each semester

| **Fall Courses** | **Delivery Mode (F/O/H)** | **Workload Hours** |
| --- | --- | --- |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |

**Subtotal:** Click to enter hours

| **Spring Courses** | **Delivery Mode (F/O/H)** | **Workload Hours** |
| --- | --- | --- |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |
| Click to enter name of course | Choose an item. | Click to enter hours |

**Subtotal:** Click to enter hours

**Teaching Assignment Total:** Click to enter hours

**Amount of Workload Hours Requested as Overload Pay:** Click to enter hours

This is to confirm/certify that, as of today’s date\*, which is Today’s date, this faculty member is on track to satisfactorily complete her/his:

1. Teaching workload, as documented above.
2. Professional activities and duties plan (please attach a copy).

Supervisor Comments

**Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*NOTE: This form may be completed as soon it has been determined that all assigned spring classes will be conducted (as early as the first day of assigned spring classes).

Article XXI.E. Full-time bargaining unit members, as salaried professionals, are expected to perform their annual base workload without additional compensation, even though they are reasonably expected to work more than 40 hours in some weeks as circumstances require. However, when given additional assignments that materially exceed their annual base load, members will be provided overload compensation per the language of the LCC/MAHE collective bargaining agreement.

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The workload value of assignments must be determined by the Chair/Director with input from the individual faculty member and the respective Program/Department faculty members via the Participation in Governance Process. This should be done in advance/at the commencement of the assignment, whenever possible.

**Please forward completed form to Divisional Office and Human Resources  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Human Resources and Provost’s Cabinet Use Only**

**Comments**

Based upon the information provided, this bargaining unit member is approved for \_\_\_\_\_\_ hours of Overload pay.

Dean’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_