RESET PRINT

Student Contact Hourly Assignment Load Over 60%

Instructor(s) _____ ____ ____ ____ ____
LAST FIRST MIDDLE SSN (LAST FOUR DIGITS ONLY)

_____ ____ ____ ____ ____
LAST FIRST MIDDLE SSN (LAST FOUR DIGITS ONLY)

_____ ____ ____ ____ ____
LAST FIRST MIDDLE SSN (LAST FOUR DIGITS ONLY)

Department _____

Like-Load Percentage _____

Revised Load Percentage (not greater than 67%) _____

Per Article 16.04.C.1.a there is no guarantee of a load over 40%.

Every department faculty member received a reasonable offer of load due that faculty member as described in AFA Contract Article 16.04.C.

Select one: YES ◯ NO ◯

Rationale (required if NO is circled above): _____

_____

_____

Review and Acknowledge:

_____ _____
Instructor Date

_____ _____
Department Chair/Program Coordinator Date

_____ _____ __ - __ - __ - _____ - _____ - _____
Supervising Administrator Date Department Budget Code

Consultation:

_____ _____ _____
AFA V.P. Academic Affairs Date

Final Decision: (Circle One, Sign, and Date)

APPROVE DENY

_____ _____
V.P. Academic Affairs Date

Forward final copy to AFA and original signed copy to the Scheduling Office.