## FACULTY WORKLOAD DOCUMENT

**Faculty Member**

**Phone**

**Term/Session**

**PID/EMPLID**

**Campus/Dept**

**E-mail**

### Class Schedule

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Course Title / Number</th>
<th>Time</th>
<th>Day</th>
<th>Location</th>
<th>No. of Hours</th>
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**Total Number of Scheduled Class Hours**

### Office Hours

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<th>Time</th>
<th>Location / Type</th>
<th>No. of Hours</th>
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10 Scheduled office hours required unless base workload = 20+ contact hours. Maximum of 2 online office hours may be scheduled unless otherwise approved.

**Total Number of Scheduled Office Hours**

### Instructional Support Time

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<th>Time</th>
<th>Location</th>
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**Total Number of Instructional Support Time Hours**

**Note:**  
1. The total number of hours should equal at least 30 hours.  
2. It is the faculty member’s responsibility to post notices if not at the assigned location at the assigned time.

**Enter the Total Number of Hours**

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**Faculty Member Signature**

**Title**

**Date**

**Associate Dean / Program Coordinator / Program Manager**

**Date**

**Dean**

**Date**

Original – Human Resources