

**Eugenio María de Hostos Community College
Academic Affairs
FACULTY WORKLOAD REPORT**

Department: _____

Term Ending: _____

Instructor's Name:		Title:			
		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time	
CLASSROOM TEACHING ASSIGNMENT:					
Department	Course & Section Numbers	Course Code	Weekly Contact Hours ¹	Sub Total	
OTHER TEACHING ASSIGNMENTS:					
CATEGORY	DEPARTMENT	# OF STUDENTS	Total Credit Hours ²	Sub Total	
FIELD WORK SUPV.					
HONORS/IND. STUDY					
MASTER'S THESIS					
DOCTORAL THESIS					
REASSIGNED TIME RESPONSIBILITIES: (TO BE VERIFIED BY THE DEAN)					
CATEGORY	Administrative Duties/Explanation	Credit Hours ³	Sub Total		
Department Administration					
School Division Administration	_____	_____	_____		
University Administration					
Sponsored Research:	_____	_____	_____		
Grant No.	_____	_____	_____		
Grant No.	_____	_____	_____		
Grant No.	_____	_____	_____		
Sponsored Research					
Advising					
Other					
TOTAL TEACHING LOAD (ADD THREE SUBTOTALS):					

SIGNATURES:

Department Chair: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

Instructor's Initial: _____ Date: _____