

## **SUMMARY OF FACULTY WORKLOAD PROFILE**



	T																Amended Pr	rofile?	
Semester:			Depar	tment:							Unit:							O YES	) NO
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Instructor		S.S.N.	Rank	Dept. Code	ICM	Course	Section	Section Code	Days	Time	Stu. Credits	Stu. Hrs.	Instr. Hrs.	TEAM	MUL POS	REA TM	Reason for	TOTAL TEACH & REA HOURS	SPEC
Last Name	First Name			Code				Code			Credits	Hrs.	Hrs.	TEACH	Hours	Hours	Reassigned Hrs.	& REA HOURS	PROG
																		1	
Unit Coordinator's Signature:					Date: Ch				Chairperson's Signature:								Date:		

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