



SUMMARY OF FACULTY WORKLOAD PROFILE



Semester: _____ Department: _____ Unit: _____

Amended Profile?
<input type="radio"/> YES <input type="radio"/> NO

Instructor		S.S.N.	Rank	Dept. Code	ICM	Course	Section	Section Code	Days	Time	Stu. Credits	Stu. Hrs.	Instr. Hrs.	TEAM TEACH	MUL POS Hours	REA TM Hours	Reason for Reassigned Hrs.	TOTAL TEACH & REA HOURS	SPEC PROG		
Last Name	First Name																				

Unit Coordinator's Signature: _____ Date: _____ Chairperson's Signature: _____ Date: _____