

**APPENDIX L**  
**FACULTY WORKLOAD REPORTING DOCUMENT**

Division: \_\_\_\_\_

Semester: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

CLASSROOM TEACHING: (lectures, labs, seminars)

Classroom Teaching Units:

COURSE TAUGHT IN LOAD:

| Course Number, Section Number, and Title | CreditHRS     | ContactHRS |
|--|---------------|------------|
| 1. _____                                 |               |            |
| 2. _____                                 |               |            |
| 3. _____                                 |               |            |
| 4. _____                                 |               |            |
| 5. _____                                 |               |            |
|  | <b>TOTALS</b> |            |

COURSE TAUGHT FOR EXTRA COMPENSATION:

| Course Number, Section Number, and Title | CreditHRS | ContactHRS |
|--|-----------|------------|
| 1. _____                                 |           |            |
| 2. _____                                 |           |            |

CHAIR'S EXPLANATORY NOTES

A. NON-CLASSROOM TEACHING: [independent study, internship, student teaching]

| Course Number, Section Number, and Title | CreditHRS | ContactHRS |
|--|-----------|------------|
| 1. _____                                 |           |            |
| 2. _____                                 |           |            |
| 3. _____                                 |           |            |
| 4. _____                                 |           |            |
| 5. _____                                 |           |            |
| 6. _____                                 |           |            |

B. ADVISING: [Describe advising activities below.]

Total number of advisees this semester: \_\_\_\_\_ Total expected contact hours per week of advising activity this semester: \_\_\_\_\_

C. OTHER INSTRUCTION-RELATED ACTIVITIES OR FACTORS: [Check all that apply.]

- Course Coordination Course: \_\_\_\_\_
- Curriculum Development Course: \_\_\_\_\_
- Technology-Assisted Instruction Course: \_\_\_\_\_
- Large Class Size Course: \_\_\_\_\_
- Extensive Contact Hours Course: \_\_\_\_\_
- Other Course: \_\_\_\_\_

D. PROFESSIONAL DEVELOPMENT: [Please be specific. Attach extra sheets if necessary.]

E. SERVICE ACTIVITIES: [i.e. committee work, Please be specific. Attach extra sheets if necessary.]

F. ADMINISTRATION: [Position Title]

Faculty Signature:

Date:

Chair Signature:

Date: