*Please type in the gray fields. Please note: if faculty member’s work changes significantly,*

*a revised workload must be completed, signed, and copied to the Provost’s Office.*

Academic Year:       Date:       Revised:

Term: [ ]  Fall [ ]  Spring

Name:       Rank, Discipline:

 (i.e., Associate Professor of Chemistry)

Campus/Unit:     Program/Department:

**WORKLOAD TYPE**:  [ ]  Bipartite Academic [ ]  Bipartite Vocational [ ] Tripartite Academic

***Teaching Component***

1. Instruction in regular academic courses (Note the semester for each course)

|  |  |  |  |
| --- | --- | --- | --- |
| **Fall Semester** | **Course #** | **Title** | **Units** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |
| **Semester Total** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Spring Semester** | **Course #** | **Title** | **Units** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| **Semester Total** |  |

Academic Year Teaching Component Workload Units:

***Service Component***

**FALL:**

College/Department:

Public/Community:

University:

Professional:

Fall Semester Total

**SPRING:**

College/Department:

Public/Community:

University:

Professional:

Spring Semester Total

Academic Year Service Component Workload Units:

***Creative/ Research/ Scholarship Activity Component***

FALL: *Extramurally funded (source, problem topic or activity and percent of teaching time to be bought out)*

FALL: *University (problem/topic/activity)*

SPRING: *Extramurally funded (source, problem topic or activity and percent of teaching time to be bought out)*

SPRING: *University (problem/topic/activity)*

Academic Year Research/Creative Activity Workload Units

***Administrative*** (program director, program development, curriculum development, etc.)

Academic Year Administrative Workload Units

***Other*** (sabbatical, leave without pay, etc.) **(Only if applicable)**

Is an overload assignment anticipated? [ ]  **Yes**  [ ]  **No**

If ***yes***, please define and explain:

 **Total Annual Workload**

# The total annual faculty workload **should total 30 Units**

**Signatures:**

Faculty Member’s Signature Date

Director’s Signature, if applicable Date

Department Chair’s Signature Date

Dean’s Signature Date

*Procedures for workloads are outlined in Article 5 of the collective bargaining agreement between the University of Alaska and University of Alaska Federation of Teachers.*