

APPENDIX C
FACULTY SCHEDULE FORM*

FACULTY MEMBER _____

OFFICE TELEPHONE _____ **OFFICE ROOM NUMBER** _____

SEMESTER _____ **SESSION** _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	COURSE ACTIVITY	LOCA- TION	COURSE ACTIVITY	LOCA- TION	COURSE ACTIVITY	LOCA- TION	COURSE ACTIVITY	LOCA- TION	COURSE ACTIVITY	LOCA- TION
7-7:30										
7:30-8										
8-8:30										
8:30-9										
9-9:30										
9:30-10										
10-10:30										
10:30-11										
11-11:30										
11:30-12										
12-12:30										
12:30-1										
1-1:30										
1:30-2										
2-2:30										
2:30-3										
3-3:30										
3:30-4										
4-4:30										
4:30-5										
5-5:30										
5:30-6										
6-6:30										
6:30-7										
7-7:30										
7:30-8										
8-8:30										
8:30-9										
9-9:30										
9:30-										
Total Hours										

Fall and Spring Semesters

Standard Load Class Contact Hours Per Week	_____
Release Time Per Week (If Any)	_____
Office Hours Per Week	_____
Subtotal (Not Less Than 25)	_____
Opa Hours Per Week (Including Community Service)	_____
Standard Assignment Total Per Week	_____
Must =	35
Overload Hours Per Week	_____
Total Hours Worked Per Week	_____

GUARANTEED SUMMER ASSIGNMENT SESSION A, B, C, OR D

Guaranteed Assignment Class Contact Hours Per Week	_____
Release Time Per Week (If Any)	_____
Office Hours Per Week	_____
Guaranteed Assignment Total Per Week	_____
Overload Hours Per Week	_____
Overload Hours Per Week (If Any)	_____
Total Hours Worked Per Week	_____

*This Schedule Form may be revised with supervisor approval.

This form is intended to show format and the actual door schedule may deviate somewhat from this form.

WORKLOAD CALCULATION

FACULTY MEMBER _____

SEMESTER _____ **(Fall and Spring semesters only)**

SECTION NUMBER	COURSE	ENROLLMENT	CONTACT HOURS PER WEEK	# OF WEEKS	POINT FACTOR	LOAD POINTS	COMMENTS
TOTAL STANDARD LOAD			<input type="checkbox"/> A Session <input type="checkbox"/> B Session <input type="checkbox"/> C Session <input type="checkbox"/> D Session		900		

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					-----	-----	
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TOTAL OVERLOAD							

FACULTY MEMBER

DATE

IMMEDIATE SUPERVISOR

DATE

*For record keeping only, not for workload calculation.
 **See Article 9.01E.2 (Workload Points) for point factors used to calculate load points.