WORKLOAD FORM

Original _____ Date _____

Revision _____ Date _____

All Faculty and Instructor assignments must be documented and the completed form, as well as any subsequent revisions, must be approved by the Dean

Name _____ S# _____ Employee Class _____ Term _____

Primary Discipline _____ Payroll (MN/BW) _____ Faculty Position Number _____ Level _____

INSTRUCTIONAL ASSIGNMENTS

CRN	Prefix, Course & Section #	Schedule Type	On-line (Y/N)	Percent Responsible	Start Date	End Date	Credit/ Contact Ratio	Stacked/ Concurrent Class (Y/N)	Override Workload	Pay Rate	Calc Method	Incremental Pay	Head Count	FUND	ORGN	ACCT	PROG	% FOAP Distribution	(Check One) Base	Overload	TOT Credits	TOT Contact Hrs	TOT Pay	Position # Assigned	Suffix
ASSIGNMENT ADDITIONS (complete all columns) / CHANGES (complete applicable columns)																									

NON-INSTRUCTIONAL ASSIGNMENTS

Activity Type	Description	DEPT	Workload	Contact Hours	PAY RATE	Calc Method	Start Date	End Date	FUND	ORGN	ACCT	PROG	% FOAP Distribution	(Check One) Base	Overload	TOT Credits	TOT Contact Hrs	TOT Pay	Position # Assigned	Suffix
ASSIGNMENT ADDITIONS (complete all columns) / CHANGES (complete applicable columns)																				
															TOTALS					

Comments

DEPARTMENT CHAIR/SUPERVISOR SIGNATURE/DATE

DEAN APPROVAL/DATE (Required)

Approval acknowledges all above workload assignments are appropriate and employee's total workload (including previously submitted assignments) does not exceed established limits

By initialing and dating, each User, Reviewer, and Approver acknowledges that he/she has completed the required applicable FLAC checklist items for their portion of the process, for each assignment.

INITIAL FLAC CREATION - INITIAL & DATE

	FLAC USER	FLAC Reviewer/ Approver	HR
INITIALS			
DATE			

ADDITIONS/REVISION TO WORKLOAD - INITIAL & DATE

	FLAC USER	FLAC Reviewer/ Approver	HR
INITIALS			
DATE			

FLAC ASSIGNMENT CHANGE -INITIAL & DATE

	FLAC USER	FLAC Reviewer/ Approver	HR
INITIALS			
DATE			