**Fayetteville Technical Community College**

**Faculty Workload Adjustments Approval Form**

Approval for faculty workload adjustments to a normal instructional workload should be obtained by the start date of the semester and, if applicable, at the beginning of 2nd 8-week or off-cycle class start.

| **NAME:** |  | **SEMESTER / YEAR:** |  |
| --- | --- | --- | --- |

| **DIVISION / DEPARTMENT:** |  |
| --- | --- |

| **OVERALL PASS RATE:**      % | **Normal Instructional Workload**   * **Technical/General Education – 20 contact hours fall/spring; 9 contact hours summer** * **Vocational – 23 contact hours fall/spring; 10 contact hours summer** |
| --- | --- |

**REQUESTING ONE OF THE FOLLOWING:**

**OVERLOAD** (Contact hours exceeding normal instructional workload.)

|  | - |  | = |  |
| --- | --- | --- | --- | --- |
| **(# of Contact Hours Scheduled – to Include WBL)** | **(minus)** | **(# of Contact Hours Normal Instructional Workload)** | **(equals)** | **Total Overload** |

**RELEASE TIME** (Contact hours released from normal instructional workload to perform instructional related administrative assignments. Faculty with a reduced load normally are not eligible for overload compensation.)

|  | + |  | = |  |
| --- | --- | --- | --- | --- |
| **(# of Contact Hours Scheduled – to Include WBL)** | **(plus)** | **(# of Contact Hours Release Time)** | **(equals)** | **Total Workload** |

**UNDERLOAD** (Contact hours less than normal instructional workload. Please describe in the “Justification” section below what duties are being conducted in place of the underload hours.)

|  | + |  | = |  |
| --- | --- | --- | --- | --- |
| **(# of Contact Hours Scheduled – to Include WBL)** | **(plus)** | **(# of Contact Hours Underload)** | **(equals)** | **Total Workload** |

| **Justification:** |
| --- |

| **Approval Authority:** | * **2-9 contact hours overload (thru Dean level)** * **30+ contact hours overload, all summer overload, all underload, all release time (thru Sr. VP level)** |
| --- | --- |

| **Faculty Signature:** |  | **Date:** |  |
| --- | --- | --- | --- |
| **Dept. Chair/Coordinator:** |  | **Date:** |  |
| **Division Chair:** |  | **Date:** |  |
| **Dean:** |  | **Date:** |  |
| **AVP for Curriculum Programs:** |  | **Date:** |  |
| **Sr. VP for Academic and Student Services:** |  | **Date:** |  |