**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**
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**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.)

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| --- | --- | --- | --- | --- |
| **(# 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.)

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

| **Justification:**      |
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| **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)**
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| **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:** |       |