

**Youngstown State University
Faculty Workload Plan
including non-teaching duties form**

Academic Year: 2017-2018

Department:

Check here if this is a revised plan:

If a faculty member's work changes significantly, a revised workload plan must be completed and signed.

Banner ID **Rank** **First** **Last**

Y00

1.a. Teaching Activity for Fixed Workload courses (please attach separate sheet if necessary):

Please indicate Fall and Spring subject and course number, CRN, title and total teaching hours in the tables below.

| Fall | | | |
|-------------------|-----|-------|----|
| SUBJ and Course # | CRN | Title | TH |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Sub-total Fall | | | |

| Spring | | | |
|-------------------|-----|-------|----|
| SUBJ and Course # | CRN | Title | TH |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Sub-total Spring | | | |

1.b. Teaching Activity for Formula Workload courses (please attach separate sheet if necessary):

Please indicate Fall and Spring subject and course number, CRN, title, estimated SCH or headcount, and total estimated teaching hours in the tables below.

| Fall | | | | |
|-------------------|-----|-------|---------------|--------|
| SUBJ and Course # | CRN | Title | Est SCH or HC | Est TH |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Sub-total Fall | | | | |

| Spring | | | | |
|-------------------|-----|-------|---------------|--------|
| SUBJ and Course # | CRN | Title | Est SCH or HC | Est TH |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sub-total Spring | | | | |

Last Name

2. Non-Teaching Duties. Please attach measurable outcomes indicating each assignment separately.

Please also attach a summary of outcomes for prior years' approved time.

2.a. Scholarship/Research/Creative Activity

| Fall | | |
|----------------|-------------------|----|
| Cat | Brief Description | WH |
| S1 * | | |
| S2 * | | |
| S3 | | |
| S4 | | |
| S5 | | |
| Sub-total Fall | | |

| Spring | | |
|------------------|-------------------|----|
| Cat | Brief Description | WH |
| S1* | | |
| S2* | | |
| S3 | | |
| S4 | | |
| S5 | | |
| Sub-total Spring | | |

2.b. Academic Administration and Programmatic Activities

| Fall | | |
|----------------|-------------------|----|
| Cat | Brief Description | WH |
| A1 * | | |
| A2 | | |
| Sub-total Fall | | |

| Spring | | |
|------------------|-------------------|----|
| Cat | Brief Description | WH |
| A1* | | |
| A2 | | |
| Sub-total Spring | | |

2.c. Union and Other Activities

| Fall | | |
|----------------|-------------------|----|
| Cat | Brief Description | WH |
| U1* | | |
| O | | |
| Sub-total Fall | | |

| Spring | | |
|------------------|-------------------|----|
| Cat | Brief Description | WH |
| U1* | | |
| O | | |
| Sub-total Spring | | |

TOTAL FACULTY WORKLOAD

TOTAL FALL

TOTAL SPRING

Is overload anticipated? Yes No

Estimated hours of overload

Received in Office of the Provost Date: _____

Faculty Member/ Date

Chair's Approval/ Date

Dean's Approval/ Date

* not included in college allocation