

Borough of Manhattan Community College The City University of New York www.bmcc.cuny.edu 199 Chambers Street New York, NY 10007-1097 tel. 212-220-8300 fax 212-220-2364

FACULTY WORKLOAD REPORT

| Semester | Year | Department | |
|----------------|---------------|--|------------|
| Name: | Rank: | | |
| full-time work | | nd section numbers of all courses taught as part of contact hours for each course. Do not include Mupart 4, below. | |
| Course & S | ection no | Contact Hours | |
| Course & S | Section no | Contact Hours | |
| Course & S | Section no | Contact Hours | |
| Course & S | Section no | Contact Hours | |
| Course & S | Section no | Contact Hours | |
| A) DEPA | | ssigned time and project or assignment. ISTRATIVE or UNTENTURED FACU | <u>LTY</u> |
| Project or re | esponsibility | | |
| | Hours | | _ |
| Project or re | esponsibility | | _ |
| Number of l | Hours | | |
| Project or re | esponsibility | | _ |
| Number of 1 | Hours | | |



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Date

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SPECIAL PROJECTS: _____ RF # Funding Source Project or responsibility Number of Hours Tax Levy Grant Funded RF# Funding Source Project or responsibility Number of Hours Tax Levy Grant Funded TOTAL REASSIGNED TIME: 3) **SEMESTER WORKLOAD**: Add total contact hours + total reassigned time = _____ 4) Multiple Position: Include activities in the Winter Session with Spring semester activities. Course & Section no. Contact Hours Course & Section no. Contact Hours Course & Section no. Contact Hours _____ Signature of faculty/staff member Date

Signature of Chairperson