# Faculty Workload Assignment Form

## The University of North Carolina at Greensboro

Office of the Provost August 1, 2000; Revised January 5, 2016; Revised June 1, 2017

The *Faculty Workload Assignment Form* and the procedures outlined below reflect serious concern for both equity and accountability. With these concerns in mind, the form provides a point of departure for discussions between department head/chairs and faculty members about teaching loads and other faculty assignments. This discussion and the mutually‐ determined assignments will also provide valuable information related to promotion, tenure and merit issues.

It is understood that the strengths, responsibilities, and aspirations of individual faculty members will differ. In addition, the needs and goals of the University’s many departments,

divisions, programs and academic units will vary. A balance of these needs and goals is desirable, and the *Faculty Workload Assignment Form* is part of the process for achieving a reasonable balance.

### ASSUMPTIONS

1. Teaching loads will vary in accordance with the faculty member’s job title and activity mix. The variation in load across faculty members will result in an institutional average of at least five organized courses per year per full time equivalent (FTE).
2. “Given the complexity of faculty work activities, individual faculty teaching loads are best managed at the department and school level*… (UNC Policy 400.3.4.)*.” Accordingly, all units must either develop workload guidelines that area designed to accommodate the needs and mission of the unit, or adopt the *Faculty Workload Guidelines* as the principles by which workloads are assigned in that unit. Additionally, when deemed appropriate by a dean or faculty assembly of the unit, all departments within a unit must develop workload guidelines that are designed to accommodate the needs and missions of those departments.

### PROCEDURES

1. Faculty members will receive their assigned annual workload in writing, using the *Faculty Workload Assignment Form* (which may be modified to meet unit or department‐specific needs).
2. A record of a faculty member’s assigned workload is to be included as part of the documentation for annual reviews, as well as for reappointment, promotion, tenure, and post‐tenure reviews.
3. For more information on workload assignments, please refer to the *Faculty Workload Guidelines*

document.

*(*The following pages contain the *Faculty Workload Assignment Form* template*.)*

# Faculty Workload Assignment Form (Template)

## The University of North Carolina at Greensboro Office of the Provost – Revised January 5, 2016

## **Modified for HHS December 2020**

Name of Faculty Member:       Academic Year:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Faculty Member’s Status: | [ ] Academic Professional8CH (4x4) | [ ] Clinical APT(negotiated) | [ ] Tenure-track, Tenured (3x3, 3x2) | [ ] Tenure-track; Not-tenured(negotiated) | [ ] Other (Phased, etc.)(negotiated) |

Some departments have specific faculty profiles that describe faculty roles beyond the typical Tenure Track (TT) and Academic Professional Track (APT) categories above. If your department uses these roles, please modify the box below with your departmental roles.

The University of North Carolina Greensboro is classified in the UNC System as a “Doctoral University” with baseline standard annual teaching loads of 6 (3/3) or 5 (3/2) for Tenure Track positions and 8 (4/4) for Academic Professional Track positions.\* These standard annual teaching loads form the at large teaching load goals for the University, while recognizing that : “Given the complexity of faculty work activities, individual faculty teaching loads are best managed at the department and school level, and not the system or state level” *(UNC Policy Manual, 400.3.4)\**

Faculty Track and baseline standard annual teaching load (teaching load reductions are made from this baseline):

 [ ]  APT: Academic Professionals or other full-time faculty who primarily support teaching/clinical mission

 [ ]  TT: Tenure-track, tenured faculty with active research programs and 3-2/3-3 teaching loads

 [ ]  TT: Phased retirement (negotiated load)

**FACULTY VITALITY GOALS Year** **of** **(e.g., Year 3 of 5)**

**(Dossier month/year due:** **)**

At the beginning of each evaluation review cycle, each faculty member, in consultation with the Department Chair, shall set three to five yearly goals for helping in planning your longer-term aims [consistent with next review cycle (e.g., reappointment or promotion or next post tenure review). These goals are to help set a framework for preparing your annual work plan and may be used for annual performance evaluations.

Please cut and paste here your current 3-5 yearly goals. Please note **in bold** any modifications in this plan from prior years due to changes in institutional, department of personal circumstances. Be succinct and revise as needed using track changes. [Note: Space will expand as you type]

1. **TEACHING/ADVISING ASSIGNMENT**

**Annual Teaching Goals – Provide a brief description of your teaching / advising goals for the coming year, community engagement as related to one’s teaching, and the activities you will undertake this year to meet those goals. If there are contextual considerations for teaching load, please note those and any perceived departures from normal workload expectations here.** [Space will expand as you type]

**Course Assignment (includes Instructor of Record (IOR) assignments)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fall Semester: Course Name | Course Number | Course Credit Hours | Course Type:Lecture / Lab | Percent Responsibility |
|       |       |       |       |       |
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**Credit Hours:**

(for example, a faculty member teaching 2 3-credit courses receives 6 credits-if faculty member is credited with a different number of credits, please note here, with a brief explanation—e.g., 4 credit course with labs taught by grad students=3 workload credits, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spring Semester: Course Name | Course Number | Course Credit Hours | Course Type:Lecture / Lab | Percent Responsibility |
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**Credit Hours:**

**Clinical Supervision (CSD/CTR)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Clinical Activities that you expect to supervise: | Role\* | Year | Semester | Course Name | Course Number | Course Credit Hours |
|       |       |       |       |       |       |       |
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 **Credit Hours:**

|  |  |  |
| --- | --- | --- |
| Name of Graduate Students engaged in Research/ Clinical Activities that you expect to supervise: | Role\* | Level |
|       |       |       |
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**\*Role: Pre-dissertation/Dissertation phase - Chair/ Co-Chair/ Committee Member / Methodologist**

 **Level: Masters, Doctoral, Post-Doc**

(Given the nuance of workload depending upon student year, nature of work, and other factors adjustments to workload/CH adjustments will be made in consultation with Chair)

**Academic Advising**

|  |  |
| --- | --- |
| Advising | Number of Students |
| Undergraduate |       |
| Graduate |       |

**Comments (include any additional comments you would like to add about instructional / advising responsibilities:**

**Other Teaching Activities (e.g., please list any other plans for teaching activities, such as supervision of TAs (for courses not assigned as instructor of record); curriculum development activities, other teaching innovations)**

 **Total Teaching Credit Hours:**

1. **SCHOLARSHIP**

**Annual Scholarly Goals – Provide a brief description of your research/scholarly goals for the coming year as it relates to the attainment of your 3-5-year vitality goals, community engagement as related to one’s scholarship, and the activities you will undertake this year to meet those goals.**

**Scholarship Productivity for the past 3 years**

|  |  |  |  |
| --- | --- | --- | --- |
| Type\* | Number of Primary Author Publications | Number of Senior Author Publications | Number of Co-Author Publications |
| *Example: Journal* | 2 | 1 | 4 |
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**\*Type: Journal, Book, Book Chapter, White Paper, Abstract, Keynote, Conference Presentation, etc.**

**Projects and Expected Outcomes: (List Projects and Activities for 6 hours assigned to research/creative activity)\***

|  |  |  |  |
| --- | --- | --- | --- |
| List Projects / Activities (not sponsored/unfunded) | Anticipated Completion Date | Category\* | Anticipated Product |
|       |       |       |       |
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Potential Categories: \*

 Planning/Writing/Submitting/Revising

 Collecting Data

 Preparation/Submission/Maintenance/IRB protocols

 Preparation for Presentation of Scholarly Activity

 Development Submission Advancement of Intellectual Property

**Sponsored/Funded Research (may be funded internally or externally)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Title | Buy-out(s) |  | Role (PI, Co-PI) | Funding Amount | Funding Period | Agency/Funding Source |
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 **Total Research Credit Hours:**

**Sponsored Research pending or in development for submission**

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| --- | --- | --- | --- | --- | --- | --- |
| Project Title | Agency | Role | Funding Amount | Funding Period | Expected funding date | OR submission date |
|  |       |       |       |       |       |       |
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1. **SERVICE:**

**Annual Service Goals – Provide an overview of planned service activities for the coming year as it relates to the attainment of your 3-5 year vitality goals. If there are areas you wish to serve but are not currently serving, please note those here. “Normal” service workload includes attending faculty meetings and work-related departmental events, active involvement in department, unit, or university committees, and professional and community engagement as related to one’s service.**

**Service Assignments Department, School/University, Professional**

**Departmental Involvement**

|  |  |  |
| --- | --- | --- |
| Activity | Role | Inclusive Date(s) |
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**School / University Involvement**

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| Activity | Role | Inclusive Date(s) |
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**Community / Professional Involvement**

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| Activity | Role | Inclusive Date(s) |
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1. **CLINICAL PRACTICE:**

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| --- | --- | --- |
| Description | Entity/organization/location | Credits |
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(if not listed previously, clinical work involving patients and other forms of outreach should be listed here)

**Clinical Practice Credit Hours:**

1. **DIRECTED PROFESSIONAL ACTIVITY**

|  |  |  |  |
| --- | --- | --- | --- |
| List activities | Level (Department, School University, Professional) | Fall (F), Spring (S), or Both (B) | Credit hours |
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**Note: Directed professional activities where you regularly receive a course release or stipend should be included above.**

**Total DPA Credit Hours:**

1. **SUMMARY**

|  |  |
| --- | --- |
| **Type of Work:** | **Projected effort in credit hours (total 24):** |
|  |      FALL | SPRING | TOTAL |
| Teaching/Advising |       |  |  |
| Research/Scholarship |       |  |  |
| Clinical Practice |       |  |  |
| Directed Professional Activity |       |  |  |
| **Total** |  |  |  |

|  |  |  |
| --- | --- | --- |
| ***SIGNATURES OF ALL PARTIES (Required Annually):***Faculty Member  | Date |   |
| Dept. Chair  | Date |   |
| Unit Dean  | Date |   |

**SUMMER**

**Instructiona**l

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SummerCourse Name | Course Number | Course Credit Hours | Course Type:Lecture / Lab | Percent Responsibility |
|       |       |       |       |       |
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**Total Credit Hours:**

**Instructional/Clinical Supervision**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Undergraduate Students engaged in Research/ Clinical Activities that you expect to supervise: | Role\* | Year | Semester | Course Name | Course Number | Course Credit Hours |
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 **Credit Hours:**

**Projects and Expected Outcomes:**

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|  |  |  |  |  |  |  |  |  |  |  |

\*Potential Categories:

 Planning/Writing/Submitting/Revising

 Collecting Data

 Preparation/Submission/Maintenance/IRB protocols

 Preparation for Presentation of Scholarly Activity

 Development Submission Advancement of Intellectual Property

**Sponsored Research (may be funded internally or externally)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Title | Agency/Funding Source | Role | Funding Amount | Funding Period | Account # | Effort (in credit hours) |
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**Total Credit Hours:**

**Clinical Practice**

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| --- | --- | --- |
| Description | Entity/Organization/location | Credits |
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(if not listed previously, clinical work involving patients and other forms of outreach should be listed here)

**Total Credit Hours:**