ASSIGNMENT REQUEST / ALTERNATIVE WORKLOAD ASSIGNMENT

The Alternate Workload Assignment form is to be initiated at the department level to submit workload equivalents for special assignments and activities as defined in the CBA and/or presented at local meet and discuss. If the Department name is not present, add the correct department name. If the Assignment name is not present, select "Other" and contact Brenda Snyder.

Semester and Year* _____

Department:* _____

Add Department:

Start date and end date should reflect the term or session dates.

Last Name*	First Name*	ID #	Assignment*	LHE*	Start Date*	End Date*

Position Title:

[#1 INITIAL]

Official Comments

Department Chairperson's Signature Date

College Dean's/Director's Signature Date

Academic Affairs/Provost's Office Date

Entered [#2 INITIAL]

REV 2.26.26

PREVIEW ONLY
VOID