## 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 d	late should reflect	t the term or session dates.	
Assignment Code	Assignment*	First Name*	Last Name*	ID#	LHE* Start Date*	End Date*
				Official C	omments	
Department Chairperson	on's Cignature	Date				
Department enamperse	317 3 gridanc	Dute				
College Dean's Signatur	re	Date	<u></u>			

(v.F2025) prepared on 7/17/2025