

Faculty Summer Teaching Load Form

Form #	AA-412-F01	Revision #	03
Accessibility level	A	Effective date	06-August-2024

Instructor Name:	ID Number:
Department:	Academic Rank:
Semester:	Academic Year:

#	Course Code	Course Name	Section	Credit Hrs.	No. of Student
1					
2					
3					
4					
5					
Total:					

Teaching load verification by the Registrar and the Department Chair:

	Name & Signature	Date
Registrar:		
Department Chair:		

For College Dean use only

Max. Load	Effective Summer Load	Approved Overload
Dean's Signature & Date:		

For Payroll and Finance use only

Basic Salary	Summer Load Ratio	Amount	Overload Hours	Amount

Payroll Officer Signature and Date:	
Finance Officer Signature and Date:	

President's Approval: (Signature and Date)	
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