APPENDIX N
ANNUAL LOAD FORM

Fill out the attached form if a Non-Standard Annual Load, as defined in Article 13. A.1, is desired, with the required advance approval by both the department chair and the Vice President of Academic Affairs.

ANNUAL LOAD FORM

Faculty Name _____ **Employee Number** _____
Discipline _____ **Date** _____
Comments:

Fall	Year
Course	**Units**
Total	0

Winter	Year
Course	**Units**
Total	0

Spring	Year
Course	**Units**
Total	0

Administrative Portion
Annual Load Plan was:
☐ **APPROVED** ☐ **DENIED**

Dean/VP

Date

Comments:

Summer 1	Year
Course	**Units**
Total	0

Summer 2	Year
Course	**Units**
Total	0

Total Proposed Annual Load

Total Annual Load for Discipline

Department Chair/Division Chair Name and Signature _____ **Date** _____