|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **University of Oregon - College of Education** | | | | | | | | |
| **Career Faculty Annual Workload Description Worksheet** | | | | | | | | |
| Name |  | | | Department: | |  | AY: |  |
| Title/Rank: |  | | | FTE: | |  |  |  |
| **Purpose:** Please use this form to provide your best knowledge of your workload activities for the upcoming academic year based on the current workload policy expectations of instruction, research, service. See the instructions listed for each section. Please complete and save in the same folder provided. | | | | | | | | |
| **A: Instructional Activities (.80)** | | | | | | | | |
| Instruction: Use this section to provide your Department Head with your suggested / preferred instructional courses as they reflect your instructional availability for the upcoming academic year. Suggestions should be based on your expertise, prior experience, and/or evolving professional interest. Department Heads will take these suggestions and preferences into consideration when building the department-wide instructional calendar. No instructional courses are guaranteed by their inclusion here. [Note: Supervisors may indicate their anticipated supervision workload based on prior years with any additional context noted]. | | | | | | | | |
| **Term** | **PREFIX** | **Course #** | **Course Title** | **Provide any relevant factors related to your time in this course. Examples: co-teaching, teaching only a section of the course, course less than 3 credits, etc.…** | **Dept. Head Notes** | | | |
|  |  |  |  |  |  | | | |
|  |  |  |  |  |  | | | |
| **Department Head Course Additions / Changes (Department Head may add rows as needed):** | | | |  |  | | | |
|  |  |  |  |  |  | | | |
|  |  |  |  |  |  | | | |
| ***Total Number of Courses:*** | | | |  | | | | |
| **B: Service Activities** | | | | | | | | |
| Use this section to provide your best knowledge about your upcoming service activities (.2FTE). These are activities that you voluntarily engage in or are asked to participate in in service of program, department, college, university, state, national, private, or non-profit activities, and that you engage in as part of your faculty workload without a formal course release. | | | | | | | | |
| ***Description of Activity:*** | | | | **Indicate Role, contribution, and outcomes:** | **Indicate if service activities are related to the dept., college, university, or professional service:** | | | **Approximate hours per Quarter** |
|  | | | |  |  | | |  |
|  | | | |  |  | | |  |
| **Total Planned Service FTE:** | | | | |  | | | |
| **C: Research Activities (if applicable)** | | | | | | | | |
| **Research Portfolio:** Use this section to make any reference to any active research you would like to mention. | | | | | **Notes** | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
| **Total number of courses bought out on external/sponsored funds: 1 course = .15 buyout** | | | | |  | | | |
| **D: Additional Activities** | | | | | | | | |
| Use this section to indicate any administrative, service, or research activities that you anticipate receiving a course release from your Department Head to engage in (based on prior discussion or prior experience). Note all course releases must be approved by Department Head prior to submission to COE prior to becoming part of your formal workload assignment. | | | | | | | | |
| **Identify any Course Load Reductions:** | | | **Notes** | | **Term** | | | **FTE** |
|  | | |  | |  | | |  |
|  | | |  | |  | | |  |