

FACULTY SERVICE RECORD

Printed name: _____, _____, _____
 (Family) (Given) (M.I.)

Department: _____ Home College: _____

Rank: _____ Full-time Part-time

_____ Semester/Trimester/Summer

AY 20 ____ - 20 ____

I. TEACHING LOAD WITHIN THE COLLEGE

Subject	Sec Code	Room	Days	Time	Hours per week	Number of Students (A)	Course Credit w/o multiplier (B)	Student Credit Units (Ax B)	(DO NOT fill this column Teaching load credits x multiplier)
TOTALS									

Concurrent teaching load outside the home college. Please answer all items. Write NONE in the blank below if NO teaching load outside the college.

U.P. College / Department [1]	Number of Students	Number of Units (without multipliers)
College Outside U.P. System [2]	Number of Students	Number of Units (without multipliers)

II. RESEARCH³ / TEXTBOOK WRITING / CREATIVE WORK (Please use additional sheet if necessary)

Title	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Funded? (y/n)	Approved Credit Units

Total Research/ Textbook Writing/ Creative Work Load Credits _____

III. ADMINISTRATIVE WORK⁴

Position / Nature of Administrative Work	Office / Unit	Approved Credit Units

Total Administrative Load Credits (ALC) _____

IV. EXTENSION⁵ AND COMMUNITY SERVICE (e.g. training programs, services to UP-PGH, Pahinungod, etc)

Position/ Nature of Extension Work	Office / Unit	Approved Credit Units

Total Extension Load Credits (ELC) _____

V. STUDY LOAD

Degree enrolled in: _____ On full time leave with pay? Yes ___ No ___ Study Load Credits⁶ _____
 University enrolled in: _____ Recipient of faculty fellowship? Yes ___ No ___ Study Load Units⁷ _____

Total Study Load Credits _____

TOTAL FACULTY LOAD IN CREDIT UNITS

VI. CONSULTATION HOURS

From the U.P. Faculty Manual: "At least 10 hours per week during regular hours". Please specify definite days and hours. Avoid "By Appointment."

Days	Time	Place

TOTAL HOURS PER WEEK _____

VII. CERTIFICATION

This faculty member certifies that all the information provided above are correct as of the date of signing. The department chair certifies to the correctness of the reported data on teaching, administrative, and study load inside the department. The college dean certifies to the correctness of the recorded data on teaching, administrative and study load inside the college. (Printed names and signatures)

FACULTY
 Date: _____

DIRECTOR
 Date: _____

DEAN
 Date: _____