

This form will be used within all Colleges in the assignment of teacher workloads. It is understood that this form may require revision by the EERC.

**APPENDIX I
STANDARD WORKLOAD FORM**

College _____ **Dept.** _____

Teacher _____ **Probationary** () Yes () No

() Full-Time / ~~() Partial-Load~~ / ~~() Part-Time~~ / ~~() Sessional~~

Coordinator: () One Step / () Two Step / () not applicable

Period Covered by SWF From _____ To _____

Course/ Subject Identification	Assign'd Teaching Contact Hours	Language(s) of Instruction	Preparation				Evaluation Feedback					Complementary Hours Allowance	Complementary Hours Assigned
			Type	Factor	Attributed Hours	Additional Attrib'd Hours	Class Size	Type	Factor	Attributed Hours	Additional Attrib'd Hours		
References to Collective Agreement	11.01 B & C	11.01 D	11.01 D	11.01 D	11.01 D	11.01 D	11.01 E	11.01 E	11.01 E	11.01 E	11.01 E	11.01 F	11.01 D,F,G
Weekly Totals													

Preparation Hours / Subject = Factor X Teaching Contact Hours
Evaluation Feedback Hours / Subject =
Factor X Class Size X Teaching Contact Hours

Number of different course preparations	
Number of different sections	
Number of languages of instruction	

Summary of Weekly Totals

Assigned Teaching Contact Hours / week	
Preparation Hours / week	
Evaluation Feedback Hours / week	
Complementary Hours (allowance) / week (minimum 6)	
Complementary Hours (assigned) / week	
Total this period (SWF)	

Accumulated Totals to SWF Period End Date

	Teaching Contact Hours	Contact Days	Teaching Weeks
Balance from previous SWF			
Total this period SWF			
Total to end date			

Complementary Functions for Academic Year or SWF Period

Description	Weekly Attributed Hours
Total:	

Dates of Discussion of Proposed Workload: _____

Date SWF Received by Faculty Member: _____

Supervisor's Comments: _____

Supervisor's Signature: _____ **Date:** _____

Faculty Member's Comments: _____

NOTE: If not in agreement with the total workload, the Faculty Member must so indicate in writing within three days from the date of receipt of the SWF and return a copy to the Supervisor.

Faculty Member's Signature: _____ **Date:** _____

- Mutual Agreement of Assigned Workload**
- Proposed Workload referred to College Workload Monitoring Group**
- Proposed Workload referred to Workload Resolution Arbitrator**

Voluntary Overtime Agreement

In accordance with Article 11.01 J 2 overtime will be compensated at the rate of 0.1% of annual regular salary.

I hereby agree to one Teaching Contact Hour or _____

Faculty Member's Signature: _____ **Date:** _____