

WORKLOAD COMMITMENT FORM

University of Hawaii Community Colleges

Campus: KCC Instructor's Name: _____ Academic Year: _____

When requesting overloads, attach this form to the PAF each semester and whenever workload in the areas below change, update this form for all "C" personnel. Complete each category. For Spring semester, include cumulatively all data from the Fall semester. For Summer appointment, submit form for 9 and 11 month hires.

| Workload | Fall Semester Credit or Credit Equivalencies | Spring Semester Credit or Credit Equivalencies | Summer Semester Credit or Credit Equivalencies | TOTALS | | |
|---|--|--|--|--------|--------|-----------------|
| | | | | Fall | Spring | 11-Mo Summer |
| A. Regular Workload 1. Credit Hours | | | | | | |
| 2. Contact Hours 3. Counseling Advising | | | | | | |
| B. Released Time 1. Credit Hours | | | | | | |
| 2. Contact Hours Cite Reason(s) | | | | | | |
| C. Workload Exceeding Normal Load 1. Overloads (a) Credit Hours | | | | | | |
| (b) Non-Credit Contact Hours | | | | | | |
| (C)Non- Instructional Hours | | | | | | |
| D. Approved Outside Employment 1. Consultant | Total Hours (hrs/wk (x) no. wks) | Total Hours (hrs/wk (x) no. wks) | Total Hours (hrs/wk (x) no. wks) | | | |
| 2. Contact | | | | | | |
| 3. Private Employment | | | | | | |
| INSTRUCTOR FTE: | | | | | | |

Remarks/Justification for the Record:

| CRN | CR. | Course Title |
|-----|-----|--------------|
| | | |

Recommended: _____

Divisional Chair Date

Division: A/H _____ Holomua _____ M/S _____
 B/Ed _____ Hosp T Ed _____ Nursing _____
 Culinary Arts _____ LLL _____ Soc Sc _____
 Health Sc _____ Legal Ed _____

Approved: _____

Dean's Office Date