

Return to supervisor
Due: 5 days after reported months ends

Langston University
9 & 12 Month Faculty
Adjunct/ Part-time Instructors

NAME: _____ RANK: _____ DEPT: _____

SCHOOL: _____ MONTH: _____ YEAR: _____

A. ASSIGNED INSTRUCTIONAL ACTIVITIES

Teaching Load Current Semester

1. Scheduled Hours/ Related

CREDIT HOUR ACTIVITY	CLOCK HOURS PER WEEK						TOTAL
	WK1	WK2	WK3	WK4	WK5		
Lecture Contact Hours							
Lab Contact Hours							
Office hours							
Course Prep. & Related Time							
Other Contact Hours							
TOTAL							

2. SUPERVISORY ACTIVITIES

ACTIVITY	Dept.	CLOCK HOURS PER WEEK	
		Enrollment	TOTAL
Independent Study			
Student Teaching			
Entry Year			
Internship			
Cooperative Education			
TOTAL			

3. SCHEDULED OVERLOAD TEACHING FOR ADDITIONAL COMPENSATION

COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	ENROLLMENT	CH	METHOD OF INST	FORMAL CONTACT	OTHER C HOURS	TOTAL
TOTAL								

B. OTHER INSTRUCTIONAL ACTIVITIES

	AVERAGE CLOCK HOURS PER MONTH		
	Undergraduate	Graduate	Total
Participation on Thesis or Honors Committees			
Unscheduled Teaching			
Student Academic Advising			
Course and Curriculum			
Field Experiences			
TOTAL			

C. RESEARCH, WRITING, CREATIVE WORK, PROFESSIONAL DEVELOPMENT

	AVERAGE CLOCK HOURS PER MONTH	
Funded Research		
Dept. Research & Writing		
Grant Writing		
Creative Writing		
Professional Development		
TOTAL		

D. SERVICE AND COMMUNITY DEVELOPMENT

	Dept.	School	University	Total
Administrative Duties				
Committee Participation				
Student-Oriented Service				
Public & Community Service				
Other				
TOTAL				

E. OTHER

	AVERAGE PER MONTH	
Other Activities not listed above		
Comments		
TOTAL		
GRAND TOTAL ALL REPORTED		

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Vice President's Signature _____ Date _____