

**Full-time Faculty Assignment Form
Academic Year 2024-2025**

Name: _____

M#: _____

Home Campus: _____

Department: _____

FALL SEMESTER CREDIT COURSES

CRN	Course # and Title	Location	ESH
Total			

FALL ALTERNATE ESH

Assignment Description	ESH
Total	

FALL REDUCED WORKLOAD

If you are on a reduced workload this semester, please indicate the amount of the reduction and the type of leave below?

Reduced ESH Leave / Reduced Workload	ESH	Type
Total		

Extended WINTER/SPRING SEMESTER CREDIT COURSES

CRN	Course # and Title	Location	ESH	Semester
Total				

Extended WINTER/SPRING ALTERNATE ESH

Assignment Description	ESH
Total	0

Extended WINTER/SPRING REDUCED WORKLOAD

If you are on a reduced workload this semester, please indicate the amount of the reduction and the type of leave below.

Reduced ESH Leave / Reduced Workload	ESH	Type
Total		

FALL ESH TOTAL

TYPE	ESH
Fall Semester Credit Courses	
Fall Alternate ESH	
Fall Reduced Workload	
Total	

Extended WINTER/SPRING ESH TOTAL

TYPE	ESH
Winter/Spring Semester Credit Courses	
Winter/Spring Alternate ESH	
Winter/Spring Reduced Workload	
Total	

OVERLOAD

	ESH
Fall	
Winter/Spring	
Total	

Total Fall ESH	
Total Winter/Spring ESH	
Total Academic Year	

Workload ESH cannot exceed 36 ESH during the academic year.

If you are requesting alternate ESH assignments, please complete the Alternate ESH Assignment Request Form and submit it with this form.

If you are assigned over 15 ESH per semester, please complete the Full-time Faculty Acknowledgment of Overload Form and submit it with this form.

Fall Acknowledgement:

By signing and submitting this form, I agree to the ESH assignment indicated on this form.

Faculty:

Date:

Chair:

Date:

Dean:

Date:

Extended Winter/Spring Acknowledgement:

By signing and submitting this form, I agree to the ESH assignments indicated on this form.

Faculty:

Date:

Chair:

Date:

Dean:

Date:

Note:

No faculty member may teach more than 36 equivalent semester hours per academic year or no more than 20 equivalent semester hours per semester. Exceptions may be made in special circumstances by agreement among the faculty member, management, and the AAUP Montgomery College chapter.

If you are assigned over 15 ESH per semester, please complete the Full-Time Faculty Acknowledgement of Overload form found on page 4 of this form.

Full-time Faculty Acknowledgment of Overload

Full-time faculty collective bargaining agreement (CBA) between Montgomery College and the American Association of University Professors (AAUP), Article 5, Section 5.1 (A), states that *"a workload in excess of thirty-two (32) equivalent semester hours per academic year or eighteen (18) equivalent semester hours per academic semester may be assigned by management only with the consent of the faculty member."*

Check the appropriate situation and fill in the academic year.

____ For load exceeding 15 ESH in one semester:
I agree to an assignment of up to _____ equivalent semester hours during the semester of the academic year _____.

____ For load exceeding 32 ESH in one academic year:
I agree to an assignment of up to _____ equivalent semester hours during the academic year _____.

Comments (optional)

By signing and submitting this form below, I agree to the ESH assignment indicated above.

Faculty Member Name

Faculty Member Signature

Date

Submit to the chair.

Chair Signature

Date

Submit to the dean.

Dean Signature

Date