

FACULTY WORKLOAD SUMMARY

Date: _____ **Version #** **Academic Term:** _____ Tenure Track Faculty Part-Time Lecturer Full-Time Lecturer
Faculty Name: _____ **Reimbursement to be posted to - Fund:** _____ **Dept ID:** _____ **Acct:** _____
Last Name First Name
College: _____ **Department:** _____ **SSN (Last 4 digits only):** _____

| ACTIVITY | WTU | PROJECT TITLE FUNDING SOURCE | ACTIVITY START DATE "FROM" ACCOUNT | ACTIVITY END DATE "TO" ACCOUNT | REIMBURSABLE & ACTUAL SALARY REIMBURSEMENT | REIMBURSABLE & ACTUAL BENEFITS REIMBURSEMENT |
|---|--------------------------|---|--|---|---|---|
| Instruction | <input type="checkbox"/> | | | | | |
| Instructionally Related Activities | <input type="checkbox"/> | | | | | |
| Release Time (A) | <input type="checkbox"/> | Project Title _____ Funding Source _____ | Activity Start Date _____ From Foundation Act # _____ | Activity End Date _____ | Reimbursable Salary _____ Actual Salary _____ | Reimbursable Benefits _____ Actual Benefits _____ Bill Date <input type="text" value="dd/mm/yyyy"/> |
| Release Time (B) | <input type="checkbox"/> | Project Title _____ Funding Source _____ | Activity Start Date _____ From Foundation Act # _____ | Activity End Date _____ | Reimbursable Salary _____ Actual Salary _____ | Reimbursable Benefits _____ Actual Benefits _____ Bill Date <input type="text" value="dd/mm/yyyy"/> |
| Release Time (C) | <input type="checkbox"/> | Project Title _____ Funding Source _____ | Activity Start Date _____ From Foundation Act # _____ | Activity End Date _____ | Reimbursable Salary _____ Actual Salary _____ | Reimbursable Benefits _____ Actual Benefits _____ Bill Date <input type="text" value="dd/mm/yyyy"/> |
| TOTAL WTU | <input type="checkbox"/> | TOTALS: Foundation Funded Reimbursements | | ↓ Salary Reimbursements | ↓ Benefits Reimbursements | |

Faculty Affairs
 Overload Compliance Review

COMMENTS:

Project Director _____ **Dean** _____
Print Name Signature Date Print Name Signature Date

Department Chair _____ **AVP Academic Resources** _____
Print Name Signature Date Print Name Signature Date

College Resources Mgr _____ **Foundation** _____
Print Name Signature Date Print Name Signature Date