

Howard University
Office of the Provost and Chief Academic Officer
Faculty Workload Certification Form

Semester _____ Academic Year: _____

Name: Last	First	MI
School/College:		Department:
Employee I.D. No. :		
Faculty Status:	<input type="checkbox"/> full-time tenured	<input type="checkbox"/> full-time probationary
	<input type="checkbox"/> full-time temporary	<input type="checkbox"/> part-time
	<input type="checkbox"/> other, please specify _____	
Faculty Title:	<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor
	<input type="checkbox"/> Instructor	<input type="checkbox"/> Lecturer
	<input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Assistant Professor
		<input type="checkbox"/> Clinical Educator
Does Your Department Have a Graduate Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You a Member of the Graduate Faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Course and Other Instructional Activities

Course Titles (Indicate whether the course is at the graduate, undergraduate, professional level.)	Proposed Credit hours	Actual Credit hours	Proposed Total Semester Contact Hours	Actual Total Semester Contact Hours	Number of Students
Regular Course Instruction					
Fall					
Spring					
Summer (where applicable)					
Clinical Course Instruction					
Fall					
Spring					

Graduate Dissertation and Masters Committee Assignments	Proposed Number of Students	Actual Number of Students
Dissertation Advisor		
Dissertation Committee Member		
Masters Thesis Advisor		
Master Thesis Committee Member		
Reading/Grading Examinations		
Graduate and Professional Degree (Qualifying) Examinations		
Undergraduate Comprehensive Examinations		
Student Advising		
Graduate Students		
Undergraduate Students		
Special Department, College/School or University Assignments (Please explain)		

Research and Creative Activities

Activity Distribution	Proposed Number	Actual Number
Funded Research		
Principal Investigator		
Co-Principal Investigator		
Member of Research Team		
Proposal Development		
Publications and Creative Productions		
Refereed Journal Articles		
Books		
Book Chapters		
Book Reviews		
Conference Proceedings		
Other (brochures, articles submitted, manuals, progress reports etc.)		
Performing and Visual Arts Productions		
Professional Development		
Officer of an International, National or Regional Professional Organization		
Editor		
Reviewer (journals)		
Reviewer of Conference Abstracts		
Grant Reviewer		
Professional Conference Presentations		
Other Research, Scholarly and Creative Activities (Please Explain)		

Service Activities

<i>Activity Distribution</i>	List the Name of the Activity Where Applicable
A. School or College	
Department/Sequence Chairs	
Program Chair	
Standing Committees	
Chair	
Member	
Secretary	
Other Committees (Student Club Sponsorship, etc.)	
B. University Level Service	
Faculty Senate Representative	
Alternate	
University Committees	
Chair	
Member	
Secretary	
University Task Force Membership	
C. Community Service/National, State, and Local	
Boards, Commissions, Task Forces, Committees	
Chair -	
Member -	
Consultations (include technology)	
Other (career days, health fairs, fund raisers)	

Certification of Proposed Faculty Workload

Faculty Member's Name (Print) _____ Signature _____

Chair's Name (Print) _____ Signature _____

Dean's Name (Print) _____ Signature _____

Date: _____

Certification of Actual Faculty Workload

Faculty Member's Name (Print) _____ Signature _____

Chair's Name (Print) _____ Signature _____

Dean's Name (Print) _____ Signature _____

Date: _____