

Office of the Provost
SEMESTER FACULTY ASSIGNMENT REPORT FOR IFAS FACULTY

NAME _____ SEMESTER _____ YEAR _____
 UF ID Number _____ Course _____ No. of Sections _____

The following courses have been assigned to you: 1. _____
 (This is exclusive of individual study section 6910, 6940, 2. _____
 6971, 7979, and 7980. You will receive those assignments 3. _____
 after the close of registration.) 4. _____

1. PERCENTAGE OF TOTAL INSTRUCTIONAL ASSIGNMENT BY COURSE LEVEL:

Lower	Upper	Graduate 1 and 11	Graduate III Health Ctr.. Only	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Assignments:

- | | | |
|---|----------------------|--------------------|
| 2. OTHER INSTRUCTIONAL ACTIVITIES-Duties: _____ | Percentage | Progress Statement |
| _____ | <input type="text"/> | _____ |
| 3. CLINICAL TEACHING (Restricted-See Reverse Side) - Duties: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 4. ACADEMIC ADVISEMENT (include specific indicators such as number of students, hours designated for advising) -Duties: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 5. A) DEPARTMENTAL RESEARCH - Duties/Research Areas: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| B) ORGANIZED RESEARCH - Duties/Research Areas: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 6. PUBLIC/CLINICAL OR STATE MANDATED SERVICE - Duties: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 7. A) COOPERATIVE EXTENSION SERVICE (IFAS only) - Duties (General): _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| B) COOPERATIVE EXTENSION SERVICE (IFAS only) - Duties (Multi-State): _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 8. DEPARTMENTAL ADMINISTRATION -Duties: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 9. GOVERNANCE - Duties: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 10. OTHER (only the categories on reverse of form may be listed) - _____ | <input type="text"/> | _____ |
| Duties: _____ | <input type="text"/> | _____ |
| _____ | <input type="text"/> | _____ |
| 11. TOTAL PERCENTAGE EMPLOYED ----- | <input type="text"/> | _____ |

The above assignments are tentative. The department chair or responsible unit administrator will be free to modify these percentages during the term if the needs of the department change. If the assignments are changed by 5% or more, this form will be modified, initialed and a copy will be given to the faculty member. Progress statements will be added after the semester is completed. See the reverse side of this form for more information.

Percentage Assigned by Project/Program:			
Program/Project Numbers	Total % Assigned	Program/Project Numbers	Total % Assigned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use additional sheets if necessary

_____	_____
Faculty Member	Date
_____	_____
Department Chair	Date