

WORKLOAD COMMITMENT FORM  
UNIVERSITY OF HAWAI'I  
Kapi'olani Community College

Revision 1  2  3  4  5

Name: \_\_\_\_\_  9-mo.  11- mo. Academic Year: \_\_\_\_\_

Update this form and attach to Form 20/PAF for all "C" personnel when requesting overloads. Complete each category.

- As a reminder, 9-mo faculty are not to exceed 6 TEs overload in a given AY (33 TEs maximum).
- For 11-mo faculty, overload should not exceed 6 TEs total between fall and spring semesters and/or exceed 3 TEs in the summer semester (45 TEs maximum).

Workload	Fall	Spring	Summer	Total
TEs (Teaching)				
Non-Instructional (Assigned Time) TEs				
Other				
<b>Grand Total:</b> Required 9-mo load (27) Required 11-mo load (36)				
<b>Overload</b>				
<b>Comments:</b>				

TE = Teaching Equivalencies  
Remarks for the Record:

Fall		
CRN	Alpha/No.	TEs

Spring		
CRN	Alpha/No.	TEs

*Signatures required in spring and summer semesters*

Requested overload payment:

\_\_\_\_\_ TEs x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Requestor:

\_\_\_\_\_  
Department Chair Date

Recommended/Not Recommended:

\_\_\_\_\_  
Dean Date

Approved/Disapproved:

\_\_\_\_\_  
Vice Chancellor for Academic Affairs Date