WORKLOAD REPORTING FORM

Adjunct Instructional Staff and Graduate Assistant
(Not to be completed by any person having a full-time instructional staff position)

** PLEASE NOTE THAT THIS FORM MUST BE SUBMITTED EVERY TIME THERE IS A CHANGE IN COURSE LOAD.**

Article 14, Sections 15.2 and 15.3 of The Agreement between The City University of New York and the Professional Staff Congress/CUNY state:

15.2 WORKLOAD FOR THE PART-TIME MEMBERS OF THE INSTRUCTIONAL STAFF:

A person appointed to an Adjunct title is not a full employee of the City University of New York. Employment in an adjunct position or a combination of adjunct positions shall not constitute a full-time position. Adjunct lecturers or adjuncts in other titles, excluding Graduate Assistants, shall not be assigned a total of more than nine (9) classroom contact hours** during a semester in one unit of the City University of New York. In addition, such adjunct may be employed to teach a maximum of not more than six (6) hours during a semester at another unit of the City University of New York.

For persons in non-teaching adjunct titles who are paid at the rate of 60% of the appropriate adjunct hourly rate, the limitations noted above are equated to not more than 225 hours per semester at one college and not more than 150 hours per semester at a second college of the University.

15.3 WORKLOAD FOR STAFF IN THE GRADUATE ASSISTANT TITLE SERIES:

Graduate students holding the title of Graduate Assistant A shall have an assignment of a maximum of 240 contact teaching hours or 450 hours of non-teaching assignments during the work year. Graduate students holding the title of Graduate Assistant B shall have an assignment of a maximum of 120 classroom teaching hours or 225 hours of non-teaching assignment in the B title during the work year. If a Graduate Assistant B holds an adjunct or other hourly position, his or her total combined assignment may not exceed 240 contact teaching hours or 450 hours of non-teaching assignment during the work year. Graduate students holding the title Graduate Assistant C shall have an assignment of a maximum of 180 classroom teaching hours during the work year. If a Graduate Assistant C also holds and Adjunct teaching position, his or her total combined assignment may not exceed 270 contact teaching hours during the work year.

Form follows on next page
To be filled out by adjunct instructional staff member or Graduate Assistant:

NAME ________________________________  SEMESTER ________________

DEPARTMENT __________________________  TITLE(S) ______________________

List all courses being taught or non-teaching hours (including Graduate Assistant A, B, and C assignments) assigned within The City University:

<table>
<thead>
<tr>
<th>College</th>
<th>Department</th>
<th>Course &amp; Section</th>
<th>Credit*</th>
<th>Contact Hrs**</th>
<th>Pay Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Jay College</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other CUNY College  Name: __________________________

|                  |            |                  |         |               |        |
|                  |            |                  |         |               |        |

*Credits = List the credits for award for completion of this course. (Ex. Eng101 = 3 Credits)

**Contact Hrs = Most courses have 3 contact hrs per week. All writing courses Eng, Eng L, Eng I, and Eng W have 4 contact hrs per week. All EAP courses have 6 contact hrs per week. (Ex. Lit 231 = 3 contact hrs; Eng 101 = 4 contact hrs; EAP 131 = 6 contact hrs)

I certify that I have read the above provisions, and that I have not accepted and will not accept an assignment with any college or unit of The City University for the semester that will exceed contractual limitation. Should I exceed these limitations, I understand that I may be terminated from all positions within The City University.

________________________  __________________________  __________
Signature                  Date                           Initials

Review by Department Chair

I certify that I have reviewed this form and that it accurately reflects the course(s) and/or non-teaching hours assigned at this college.

________________________  __________________________
Signature                  Date