

## WORKLOAD COMMITMENT FORM

University of Hawaii  
Leeward Community College

Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Update this form for all "C" personnel when requesting overloads. Complete each category. For Spring semester, include cumulatively all data from the fall semester. For a summer appointment, submit this form for 11-month hires only.

Workload	TEs	Comments
TE Fall (Teaching)		
TE Spring (Teaching)		
Non-instructional Teaching Equivalencies (Fall and Spring)		
Summer (for 11 month only) (Teaching)		
<b>Total</b>		
Required 9-mo Load (27) 11-mo Load (33)	<b>-27 or -33 (11-mo)</b>	
<b>Overload</b>		

**TE = Teaching Equivalencies**

Remarks for the Record:

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CRN	TEs	Course Alpha/No.

Recommended:

\_\_\_\_\_  
Division Chair Date

Approved:

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