



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, 6971, 7979, and 7980. You will receive those assignments after the close of registration.) 2. _____
3. _____
4. _____

1. PERCENTAGE OF TOTAL INSTRUCTIONAL ASSIGNMENT BY COURSE LEVEL:

Lower Upper Graduate 1 and 11 Graduate III Health Ctr.. Only Total
[] [] [] [] []

Other Assignments:

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

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:
Table with 4 columns: Program/Project Numbers, Total % Assigned, Program/Project Numbers, Total % Assigned

Faculty Member _____ Date _____
Department Chair _____ Date _____