

THE CITY UNIVERSITY OF NEW YORK
ADJUNCT INSTRUCTIONAL STAFF WORKLOAD REPORTING FORM¹

Sections 15.2 and 15.3 of Article 15 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-time 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 one course 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, 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.

To be filled out by adjunct instructional staff member:

NAME _____ SEMESTER _____ YEAR _____

DEPARTMENT _____ TITLE(s) _____

List all courses being taught or all non-teaching hours assigned within The City University this semester:

Teaching Assignment

<u>College</u>	<u>Department</u>	<u>Course Title</u>	<u>Course # & Section</u>	<u>Hours*</u>	<u>Credits</u>
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**If you are teaching a total of six or more classroom contact hours at The Graduate Center during this semester, please indicate how your professional adjunct hour is being used, i.e., office hours, professional development, etc. (If more space is needed, please attach additional sheet.)*

Non-Teaching Assignment

<u>College</u>	<u>Department</u>	<u>Type of Assignment</u>	<u>Hours Per Week</u>
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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 CUNY that will exceed the contractual limitations, unless such limitations have been explicitly waived by CUNY and the PSC. I further certify that, if there are any changes in this information during the semester, I will submit an updated form to the Department Chair to reflect these changes.

Signature

Date

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 of Department Chair

Date

¹ Not to be completed by any person having a full-time instructional staff position. If you are appointed in another full-time instructional title, please contact the Office of Human Resources immediately.