



SEMESTER FACULTY ASSIGNMENT REPORT FOR HEALTH SCIENCE CENTER FACULTY

NAME _____ SEMESTER _____ YEAR _____

UF ID NUMBER _____ Course _____ No. of Sections _____

The following courses have been assigned to you: 1. _____ 2. _____ 3. _____ 4. _____

1. FTE OF TOTAL INSTRUCTIONAL ASSIGNMENT BY COURSE LEVEL: Lower Upper Graduate I and II Graduate III Health Ctr. only Total Progress Statement

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 SERVICE + CLINICAL SERVICE + STATE MANDATED SERVICE = _____ Duties: _____

7. AGRICULTURAL EXTENSION SERVICE (IFAS only) -- Duties: _____

8. DEPARTMENTAL ADMINISTRATION + PRACTICE PLAN ADMINISTRATION = _____ Duties: _____

9. GOVERNANCE -- Duties: _____

10. OTHER (only the categories on reverse of form may be listed) _____ Duties: _____

11. PAID PATIENT CARE _____

12. TOTAL FTE APPOINTED FOR THIS SEMESTER (Sum of 1-11 above)-----

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.

Table with 2 columns: Project Numbers, Percent Assigned. Includes a Total row.

Department Chair _____ Date _____ Faculty Member _____ Date _____