

**DIVISION OF ACADEMIC AFFAIRS
WORKLOAD SPREAD REQUEST FORM**

Name: _____

College: _____ Department: _____

Fill in the proposed work assignment in the grid below. Email the Office of Faculty Affairs at Facaffairs@calstatela.edu after obtaining approval of the Chair/Director and Dean.

I would like to request a workload spread for Academic Year _____

Summer		Fall Semester		Spring Semester	
WTU		WTU		WTU	
SETU		SETU		SETU	
OTHER		OTHER		OTHER	
TOTAL		TOTAL		TOTAL	

Explanation of Other:

Total Units: _____

Faculty Signature Date

Chair/Director Signature Date

Dean Signature Date

AVPFA Signature Date