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CALIFORNIA STATE UNIVERSITY, LOS ANGELES

DIVISION OF ACADEMIC AFFAIRS WORKLOAD SPREAD REQUEST FORM

Name: _____

College: _____ Department: _____

Fill in the proposed work assignment in the grid below. Return to the Office of Faculty Affairs in ADM 707 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	

Total Units: _____

Faculty Date

Chair/Director Date

Dean Date

AVPFA Date