Dear AFFILIATE FACULTY NAME: DATE: Month Day, Year

This Affiliate Workload Plan (AWP) is designed to create transparency with regard to your teaching and non-teaching assignments, and unit head supported activities. It is meant to serve as a tool for solid communication with your Unit Head. At the latest, you should receive this AWP by the end of the first week of classes each semester.

|  |  |
| --- | --- |
| **Teaching assignment** |  |
| **Non-teaching assignment** |  |
| **Faculty-initiated activities supported by the Unit Head. (If applicable; an example is professional development activities)** |  |

If you concur with these teaching and non-teaching assignments, please sign, date, and return the original copy of this AWP by October 1 (fall)/February 1 (winter) [year], as an official indication of your acceptance. A duplicate copy is included for your records.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit Head Affiliate Faculty Member**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**

**Cc: Unit Head**

 **Affiliate Faculty**