Republic of the Philippines

**CENTRAL LUZON STATE UNIVERSITY**

Science City of Muñoz, Nueva Ecija 3120

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

**FACULTY WORKLOAD FORM A**

**FACULTY PROFILE**

| **Semester:** |  |  | **School Year:** |  |
| --- | --- | --- | --- | --- |
| *For faculty members who belong to a college:* |
| **College:** |  |  | **Department:** |  |
| *For* *faculty members who belong to or are detailed in units other than the colleges:* |
| **Mother Unit:** |  |  | **Home Department:** |  |

| **Name:** |   |  |   |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Family* |  | *Given Name* |  | *M.I.* |

| CLSU E-mail **(@clsu2.edu.ph**): |  |  | Contact Number: |  |
| --- | --- | --- | --- | --- |
| Date of Birth (mm/dd/yyyy): |  |  | Gender [(1) Male; (2) Female]: |  |
| Generic Faculty Rank: |  |  | Own Plantilla (PS) Item [Yes/No]: |  |
| In active duty during the entire semester? [Yes/No]: |  |
| On leave with pay? | Type of Leave: |  |
|  | Period [indicate date (mm/dd/yyyy)]: |  |
| On leave without pay? | Type of Leave: |  |
|  | Period [indicate date (mm/dd/yyyy)]: |  |

**Academic Degrees Obtained:**

|  | **Degree Title/ Major** | **Date Completed (mm/dd/yyyy)[OR Status]\*** | **Where Obtained****(School/Address)** | **Wrote Thesis as Part of the Degree (Yes/No)** |
| --- | --- | --- | --- | --- |
| **Baccalaureate** |  |  |  |  |
| **Master’s** |  |  |  |  |
| **Doctoral** |  |  |  |  |

*\*Status: (1) Still being pursued / (2) Not yet started / (3) Started but not actively pursuing the degree; Please do NOT indicate “1” if you are (a) NOT enrolled, (b) on official LOA, or (c) on residency.*

**Discipline Classification of Primary Teaching Load\*\*:**

| First Specific Discipline where most teaching is done: |  |
| --- | --- |
| Second Specific Discipline where most teaching is done: |  |

\*\*Please refer to 6-digit discipline codes by CHED from the CLSU website: http://clsu.edu.ph/downloads/Faculty%20and%20Staff/Faculty%20Files/Discipline%20Codes/index.php

***DATA PRIVACY NOTICE:*** *CLSU is committed to ensure that the data privacy rights of its employees, students, clients and stakeholders are upheld and protected. By signing this form, you give permission to CLSU to store and process your personal data in adherence to the principles of transparency, legitimate purpose, and proportionality as required by RA 10173 or the Data Privacy Act of 2012.*

| *For faculty members who belong to a college:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |
|  |  |  |  |  |
| Faculty Member |  | Department Head |  | Dean/s |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

| *For* *faculty members who belong to or are detailed in units other than the colleges:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |  |  |
|  |  |  |  |  |  |  |
| Faculty Member |  | Director/Dean of the Mother Unit |  | Head of the Home Department |  | Dean of the Home College |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

Republic of the Philippines

**CENTRAL LUZON STATE UNIVERSITY**

Science City of Muñoz, Nueva Ecija 3120

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

**FACULTY WORKLOAD FORM B-1**

**ACTUAL TEACHING LOAD**

| **Semester:** |  |  | **School Year:** |  |
| --- | --- | --- | --- | --- |
| *For faculty members who belong to a college:* |
| **College:** |  |  | **Department:** |  |
| *For* *faculty members who belong to or are detailed in units other than the colleges:* |
| **Mother Unit:** |  |  | **Home Department:** |  |
| *For* *faculty members who have administrative or other functions that entitle them to carry a minimum of 10 h of actual teaching load:* |
| **Designation/s:** |  |

| **Name:** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Family* |  | *Given Name* |  | *M.I.* |

**Category of Faculty Member**

Please choose only one category:

□ 1. Regular Faculty: Faculty member not holding any administrative designation (normal Actual Teaching Load [ATL] = 18 units or h/week)

□ 2. Faculty member holding any of the following administrative designations: Vice President, Dean or Director (normal ATL = 10 units). A Vice President may choose to be on Full Release, in which case his/her normal ATL is 0.

□ 3. Faculty member holding any of the following administrative designations: Institute/ Center/ Department/ Lab/ Facility Head or sub-unit in-charge, who is directly under a degree-granting college as well as specialized R&D or division head of the Research and Extension program or sub-unit in-charge (normal ATL = 12 units).

□ 4. Non-regular Faculty: Faculty member who is classified as Professor Emeritus, affiliate faculty member, adjunct faculty member, visiting faculty member, exchange faculty member, substitute, part-time or JO faculty member.

**B. Schedule of Actual Teaching Load**

| **Catalogue Number** | **Subject Title** | **Days** | **Time** | **Room/Class Code** | **Course, Year, & Section**  | **Hours per Week** | **No. of Students** | **ATL** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |

* ***Class: (LEC) Lecture / (LAB) Laboratory / (REC) Recitation. Please include course, year and section in Class.***
* ***ETL: 1 hr of undergraduate/graduate courses Lec/Rec/Lab = 1 ATL***

**C. Academic Advising/Consultation Hours** (Must be five (5) hours per week)

| **Days** | **Time** | **Room** |  | **Days** | **Time** | **Room** |
| --- | --- | --- | --- | --- | --- | --- |
| Monday |  |  |  | Thursday |  |  |
| Tuesday |  |  |  | Friday |  |  |
| Wednesday |  |  |  | Saturday |  |  |

**D. Assignment in Student Research Supervision (Residential Mode)**

Attachment: Faculty Workload Form B-2

| **Assignment** | **Total ETL** |
| --- | --- |
| Chair of graduate thesis/dissertation committee |  |
| Supervisor of graduate special problem class (if no regular weekly meeting specified in Item B) |  |
| Member graduate thesis/dissertation committee |  |
| Adviser/Committee Chair of undergraduate thesis (or equivalent) |  |
| Critic/Committee Member of undergraduate thesis (or equivalent) |  |
| **TOTAL** |  |

**Schedule of Student Research Consultation** (Maximum of six (6) hours)

Total number of hours is either six (6) or the total ETL for student research supervision

| **Days** | **Time** | **Room** |  | **Days** | **Time** | **Room** |
| --- | --- | --- | --- | --- | --- | --- |
| Monday |  |  |  | Thursday |  |  |
| Tuesday |  |  |  | Friday |  |  |
| Wednesday |  |  |  | Saturday |  |  |

**E. Summary of Actual Teaching Load**

| Relevant CMO (based on the main degree program where you serve as faculty member) | CMO No. \_\_\_\_\_ s. 20\_\_ |
| --- | --- |
| Maximum number of subjects per semester set by the relevant CMO | □ 4 preparations □ other (please specify) : \_\_\_\_\_□ Not mentioned in the CMO |
| Total number subjects this semester (must not exceed the limit set in the relevant CMO) |  |
| Maximum actual teaching load prescribed in the relevant CMO | □ 24 units (or h per week) □ other (please specify) : \_\_\_\_\_□ Not mentioned in the CMO |
| Minimum actual teaching load per week that you need to carry this semester (please select the most applicable, based on Item A of this form) | □ 18 h □ 12 h □ 10 h |
| Total actual teaching load this semester (must neither be lower than the minimum actual teaching load prescribed by the university policy nor higher than the maximum specified in the relevant CMO) |  |

| *For faculty members who belong to a college:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |
|  |  |  |  |  |
| Faculty Member |  | Department Head |  | Dean |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

| *For* *faculty members who belong to or are detailed in units other than the colleges:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Noted: |  | Certified correct: |  |  |
|  |  |  |  |  |  |  |
| Faculty Member |  | Director/Dean of the Mother Unit |  | Head of the Home Department |  | Dean of the Home College |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  |  |  |  |  | **APPROVED:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | VPAA |
|  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |

Republic of the Philippines

**CENTRAL LUZON STATE UNIVERSITY**

Science City of Muñoz, Nueva Ecija 3120

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

**FACULTY WORKLOAD FORM B-2**

**ASSIGNMENT IN STUDENT RESEARCH SUPERVISION**

**(RESIDENTIAL MODE)**

| **Semester:** |  |  | **School Year:** |  |
| --- | --- | --- | --- | --- |
| *For faculty members who belong to a college:* |
| **College:** |  |  | **Department:** |  |
| *For* *faculty members who are detailed in units other than the colleges:* |
| **Mother Unit:** |  |  | **Home Department:** |  |

| **Name:** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Family* |  | *Given Name* |  | *M.I.* |

| **Graduate Thesis/ Dissertation/** **(as Chair)** | **ETL** | **Graduate****Thesis/ Dissertation****(as Member)** | **ETL** | **Undergraduate Thesis****(as Adviser****/Chair)** | **ETL** | **Undergraduate Thesis****(as Critic****/Member)** | **ETL** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| TOTAL(Max: 5 ETL) |  | TOTAL(Max: 3 ETL) |  | TOTAL(Max: 3 ETL) |  | TOTAL(Max: 3 ETL) |  |

| Recommending Approval: |  | Approved: |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Department Head |  | Dean |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Republic of the Philippines

**CENTRAL LUZON STATE UNIVERSITY**

Science City of Muñoz, Nueva Ecija 3120

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

**FACULTY WORKLOAD FORM C**

**NON-TEACHING FUNCTION**

| **Semester:** |  |  | **School Year:** |  |
| --- | --- | --- | --- | --- |
| *For faculty members who belong to a college:* |
| **College:** |  |  | **Department:** |  |
| *For* *faculty members who belong to or are detailed in units other than the colleges:* |
| **Mother Unit:** |  |  | **Home Department:** |  |
| *For* *faculty members who have administrative or other functions that entitle them to carry a minimum of 10 h of actual teaching load:* |
| **Designation/s:** |  |

| **Name:** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Family* |  | *Given Name* |  | *M.I.* |

**A. Administrative, and Co-Curricular and Extra-Curricular Assignments**

Please attach the designation/appointment

| **Type of Assignment** | **Designation/s** | **ETL** |
| --- | --- | --- |
| 1. Administrative Positions (Designations 1-5, Revised Policy on Faculty Workload)
 |  |  |
|  |  |
| **SUBTOTAL** |  |
| 1. Academic Related Functions (Designations 6-14, Revised Policy on Faculty Workload)
 |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **SUBTOTAL** |  |
| 1. Specialized/Expertise/Committee Designations and Other Functions (Designations 15-59, Revised Policy on Faculty Workload)
 |  |  |
|  |  |
|  |  |
| **SUBTOTAL** |  |
| **TOTAL** (Maximum of 15 ETL) |  |

**B. Research, Extension and Production**

Designations 60-63, Revised Policy on Faculty Workload; Please attach the designation/appointment

| **Designation/s** | **Title of Project** | **ETL** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |

**C. Summary**

| **Teaching Load and their Equivalent** | **Normal** | **Maximum** | **ATL/ETL** |
| --- | --- | --- | --- |
| 1. Actual Teaching Load
 | 10, 12 or 18 | Based on CMO |  |
| 1. Academic Advising/Consultation Hours\*
 | - | 5 |  |
| 1. Assignment in Student Research Supervision (Residential Mode)
 | - | 15 |  |
| 1. Research, Extension and Production
 | - |  |
| 5. Administrative, Co-Curricular and Extra-Curricular Functions | - | 15 |  |
|  5.1 Administrative Positions |  |
|  5.2 Academic Related Functions | - |
|  5.3 Specialized/Expertise/Committee Designations and  Other Functions | - |
| **TOTAL** | **30** | **40** |  |

\* As prescribed in the Faculty Manual

| *For faculty members who belong to a college:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |
|  |  |  |  |  |
| Faculty Member |  | Department Head |  | Dean |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

| *For* *faculty members who belong to or are detailed in units other than the colleges:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |  |  |
|  |  |  |  |  |  |  |
| Faculty Member |  | Director/Dean of the Mother Unit |  | Head of the Home Department |  | Dean of the Home College |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  | **APPROVED:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | VPAA |
|  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |



Republic of the Philippines

**CENTRAL LUZON STATE UNIVERSITY**

Science City of Muñoz, Nueva Ecija 3120

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

**FACULTY WORKLOAD FORM D**

**ADDITIONAL ACADEMIC ASSIGNMENTS**

| **Semester:** |  |  | **School Year:** |  |
| --- | --- | --- | --- | --- |
| *For faculty members who belong to a college:* |
| **College:** |  |  | **Department:** |  |
| *For* *faculty members who belong to or are detailed in units other than the colleges:* |
| **Mother Unit:** |  |  | **Home Department:** |  |

| **Name:** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Family* |  | *Given Name* |  | *M.I.* |

**A. Residential Mode** (Saturday and Beyond Office Hours)

| **Catalogue Number** | **Subject Title** | **Days** | **Time** | **Room/Class Code** | **Course, Year, & Section** | **Hours per Week** | **No. of Students** | **(ETL)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |

**B. Distance Education Mode**

| **Catalogue Number** | **Subject Title** | **Days** | **Time** | **Room/Class Code** | **Course, Year, & Section** | **Hours per Week** | **No. of Students** | **(ETL)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |

**C. Expanded Tertiary Education Equivalency and Accreditation Program**

| **Catalogue Number** | **Subject Title** | **Days** | **Time** | **Room/Class Code** | **Course, Year, & Section** | **Hours per Week** | **No. of Students** | **(ETL)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |

**D. National Service Training Program**

| **Catalogue Number** | **Subject Title** | **Days** | **Time** | **Room/Class Code** | **Course, Year, & Section** | **Hours per Week** | **No. of Students** | **(ETL)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |

**E. Assignment in Student Research Supervision (Distance Education Mode)**

| **Graduate Thesis/ Dissertation/** **(as Chair)** | **ETL** | **Graduate****Thesis/ Dissertation****(as Member)** | **ETL** | **Undergraduate Thesis****(as Adviser****/Chair)** | **ETL** | **Undergraduate Thesis****(as Critic****/Member)** | **ETL** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| TOTAL |  | TOTAL |  | TOTAL |  | TOTAL |  |

| *For faculty members who belong to a college:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |  |
|  |  |  |  |  |  |
| Faculty Member |  | Department Head |  | College Dean |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | Certified correct: |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Dean, DOT-Uni |  | Head, NSTP |  | Head, ETEEAP |
|  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

| *For* *faculty members who belong to or are detailed in units other than the colleges:* |  |  |
| --- | --- | --- |
| Prepared by: |  | Certified correct: |  |  |  |  |
|  |  |  |  |  |  |  |
| Faculty Member |  | Head of the Home Department |  | Dean of the Home College |  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Noted: |  | Certified correct: |  |  |  |  |
| Director/Dean of the Mother Unit |  | Dean, DOT-Uni |  | Head, NSTP  |  | Head, ETEEAP  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  |  |  |  |  | **APPROVED:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | VPAA |
|  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |