Dear AFFILIATE FACULTY NAME: DATE:

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** |  |
| **Unit Head supported activities (if applicable)** |  |

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.

**Sincerely,**

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**(Unit Head and College) (Affiliate Faculty Signature)**

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

**(Date)**

**Cc: Dean**

**Unit Head**

**Affiliate Faculty**