

**APPENDIX I  
STANDARD WORKLOAD FORM**

**College** Niagara College of Applied Arts and

**Dept.** School of Media Studies

**Teacher**

**Probationary** ( ) Yes ( ) Not

( ) Full-time

**Coordinator:** ( ) One Step / ( ) Two Step ( ) not applicable

**Periods Covered by SWF**

Course/ Subject Identification	Assigned Teaching Contact Hours	Language(s) of Instruction	Preparation				Evaluation Feedback					Complementary Hours Allowance	Complementary Hours Assigned
			Type	Factor	Attributed Hours	Additional Attributed Hours	Class Size	Type	Factor	Attributed Hours	Additional Attributed Hours		
References to Collective Agreement	11.1 B&C	11.1 D	11.1 D	11.1 D	11.1 D	11.1 D	11.1 E	11.1 E	11.1 E	11.1 E	11.1 E	11.1 E	11.1 D,F,G
Weekly Totals													

Preparation Hours / Subject = Factor x Teacher Contact Hours

Evaluation Feedback Hours / Subject = Factor x Class Size x Teaching Contact Hours

Number of different course preparations	
Number of different sections	
Number of languages of instruction	

Summary of Weekly Totals

Assigned Teaching Contact Hours / Week	
Preparation Hours / Week	
Evaluation Feedback Hours / Week	
Complementary Hours (allowance) / week (minimum 6)	
Complementary Hours (assigned) / Week	
Total this Period (SWF)	

Accumulated Totals to SWF Period End Date

	Teaching Contact Hours	Contact Days	Teaching Weeks
Balance from previous SWF			
Total this period SWF			
Total to end date			

**Complementary Functions for Academic Year or SWF Period**

Description	Weekly Attributed Hours
MEET NAT ROOCA	
Total	

Dates of Discussion of Proposed Workload: \_\_\_\_\_

\_\_\_\_\_

Date SWF Received by Faculty Member: \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member's Comments: \_\_\_\_\_

\_\_\_\_\_

NOTE: If not in agreement with the total workload, the Faculty Member must so indicate in writing within five days from the date of receipt of the SWF and return a copy to the Supervisor.

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ( ) Mutual Agreement of Assigned Workload
- ( ) Proposed Workload referred to College Workload Monitoring Group
- ( ) Proposed Workload referred to College Workload Resolution Arbitrator

**Voluntary Overtime Agreement**

In accordance Article 11.01 J 2 overtime will be compensated at the rate of 0.1% of annual salary.  
I hereby agree to one Teaching Contact Hour or

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_