

AOP-8-1-07-10
Teaching Load Reduction Policy:

Policy Statement: At Troy University a measurable portion of the faculty workload is the teaching load, the teaching load is defined in terms of department, or school, or college teaching credit hours and under normal circumstances will be defined related to the specific term structure per full-time faculty per annual academic year. Heavier-than-normal involvement in non-teaching activities, when requested by the University, may warrant an adjustment in a faculty member's workload, including, if necessary, a temporary or permanent reduction in teaching hours. The University's request for such involvement by a faculty member must be agreed to by the faculty member, the department chair, the dean of the college, and the Executive Vice Chancellor/Provost.

In order for a reduction of teaching load to be considered for a faculty member, there must be agreement between the department chair and the dean of the college.

The request for a reduction of teaching load shall be initiated at the program/departmental level. If a reduction in load is considered, the department chair/program associate will submit a Teaching Load Reduction form to the Dean, (in the case of University College the form must be submitted to the Vice-Chancellor for the University College prior to submission to the college dean) for review. This form must be submitted to the Dean not later than eight weeks prior to the effective term of the load reduction. The Dean will review the request and if supported, will forward the request to the Executive Vice Chancellor/Provost for review. This form must be submitted to the Executive Vice-Chancellor/Provost not later than four weeks prior to the effective term of the load reduction. For a reduction of teaching load in the University College, the Vice Chancellor for the University College must approve the request for a reduction of teaching load prior to the request being submitted to the dean of the college and the Executive Vice Chancellor/Provost.

A letter of agreement specifying all conditions and length of time associated with the reduction of the teaching load will be executed by the respective chair and faculty member. The draft letter should set forth any conditions of the reduction of teaching load request, the effective start date and stop date, (if applicable) of the load reduction, and specifically any issues related to the teaching load reduction.

The request will be acted upon by the Executive Vice Chancellor and Provost in consultation with the dean, and if appropriate, the administrative officer who will be supervising the faculty member's administrative duties. Documentation of the agreement will be filed in the department chair/regional director's office as well as in the dean of the college's office.

APPROVED BY ACADEMICI STEERING COMMITTEE, AUG 1, 2007

OPR: DR. LANCE TATUM

TROY UNIVERSITY

Teaching Load Reduction Form

Instructions: This form must be completed and submitted not later than eight weeks prior to the effective term of the load reduction to the dean of the college for review, and forwarded to the Executive Vice Chancellor/Provost for approval prior to the beginning of the effective semester. For a reduction of teaching load in the University College, the Vice Chancellor for the University College must approve the request for a reduction of teaching load prior to the request being submitted to the dean of the college and the Executive Vice Chancellor/Provost. Documentation of the agreement will be filed in the department chair/regional director's office as well as in the dean of the college's office.

Date: _____

Faculty: _____

Department: _____

College: _____

Rank: _____

Start Date for Load Reduction: _____

End Date for Load Reduction: _____

Origin of Assignment (Check One):

Responsibility as assigned by the University:

Responsibility as assigned by the College:

Responsibility as assigned by the Department:

Other: _____

Justification for Request:

(Attach documentation if needed)

Teach Load Reduction: **One course** **Two courses** **Other** _____

Chair/Program Associate: _____
(Signature)

Approved
Not Approved

Dean: _____
(Signature)

Approved
Not Approved

If Required UC/VC: _____
(Signature)

Approved
Not Approved

Provost: _____
(Signature)

Approved
Not Approved

