Guidelines for Faculty Teaching Re-Assignments

Department chairs, in collaboration with departmental faculty and with approval by the dean, are responsible for faculty teaching assignments.

The maximum teaching load for faculty members is 12 credit hours per semester. Faculty members may be assigned fewer than the maximum credits for one or more of the following reasons:

1. serving in administrative roles as assigned by dean and/or provost;
2. conducting research, creative activities, service, and faculty development projects as approved by the dean;
3. teaching graduate courses and active involvement in the graduate program, such as directing graduate theses or dissertations, and/or grading comprehensive exams;
4. teaching courses with more than the usual number of contact hours or with unusually high enrollments.

Deans are responsible for ensuring that teaching assignments in his/her respective units are distributed equitably among faculty, meet the needs of students to make timely progress toward degree completion, and meet enrollment funding requirements consistent with the UNC funding model. In all cases, the annual comprehensive faculty evaluation will include an assessment of the work for which the faculty member was assigned fewer than the maximum credits and this assessment will guide future teaching reassignments.

Teaching assignments for clinical experiences are based on guidelines from professional organizations.

Teaching assignments for endowed professors will be determined by the dean.

Extra-duty assignments for faculty during the regular academic year must be approved by the dean and provost.

Faculty members who teach more than 12 credits in a semester will either receive a reduced load in the next semester or they will receive additional compensation. Faculty members may voluntarily teach more than 12 credits in a semester without compensation to facilitate student degree completion, but will not be required to do so. Paid faculty overloads must be approved by the dean and provost.

Approved by the Fayetteville State University Faculty Senate, August 21, 2014

Approved:  
James A. Anderson, Chancellor  
8-27-2014  
Date
Fayetteville State University
Academic Affairs
Faculty Reassignment Evaluation Form

When full-time faculty are assigned duties that result in a reduction of teaching load, the Reassignment Supervisor will provide an evaluation of the faculty member’s performance of reassignment duties by April 30 of the academic year in which the reassignment takes place. Attach this form to a copy of the Faculty Reassignment Form and return to the faculty member’s primary supervisor.

1. FACULTY MEMBER/REASSIGNMENT INFORMATION

Faculty Member Name ___________________________ Banner ID _____________
Reassignment Title: _____________________________________________________
Reassignment Period: From _____________ To _______________

2. EVALUATION

Provide a narrative summary of the employee’s work related to the reassignment. Attach additional pages if needed.

3. SIGNATURES.

Signature indicates only that the employee has discussed the evaluation with the reassignment supervisor. It does not imply that the faculty member agrees with the evaluation.

_________________________________________ Date
Faculty Member

_________________________________________ Date
Reassignment Supervisor

_________________________________________ Date
Reassignment Next-Level Supervisor

Did the employee meet the expectations for this reassignment? ___Yes / ___No
(Required. Check the appropriate response)
Fayetteville State University
Academic Affairs
Faculty Reassignment Form

This form should be used when full-time faculty are assigned duties that result in a reduction of teaching load, as stated in the University Faculty Teaching Reassignment Guidelines.

1. FACULTY MEMBER/PRIMARY POSITION INFORMATION

Faculty member Name ________________________________ Banner ID ___________
Department/Unit __________________________________________
Primary Position Title _______________________________________

2. REASSIGNMENT INFORMATION

Reassignment Title: _________________________________________
Reassignment Unit: _________________________________________
Reassignment Supervisor: ____________________________ Source of Funds (FOAP): ______________
Reassignment Percent: ___________________ Reassignment Period: From __________ To __________
Reassignment Duties: _______________________________________

3. SIGNATURES

The Reassignment Supervisor agrees to provide an evaluation of the faculty member’s performance of reassignment duties by April 30 of the academic year in which the reassignment takes place.

__________________________________________ Date
Faculty Member

__________________________________________ Date
Reassignment Supervisor (if different from department chair)

__________________________________________ Date
Primary Supervisor/Chair

__________________________________________ Date
Primary Dean

__________________________________________ Date
Provost/Vice Chancellor for Academic Affairs