



UNIVERSITY OF OREGON

Individual GTF Workload Agreement

This form must be submitted at the beginning of each academic year and whenever a change in FTE or duties occurs.

GTF Name: _____ Term(s) this agreement covers: _____ FTE: _____
Last Name First Name Term(s) & year

1. Course taught:

Course number and course title	Course credit	Initial class preparation per course	Weekly teaching hours x 10 weeks	Weekly prep hours x 10 weeks	Total hours per term
		+	x10=	+	x10=
					=

2. Labs/Discussion Groups taught:

		+	x10=	+	x10=
					=

3. Courses assisted:

		+	x10=	+	x10=
					=

4. Private studio teaching:

No. of 1/2-hour lessons per week	No. of 1-hour lessons per week	Total weekly hours* studio teaching x 10 weeks	No. of weekly hours prep x 10 weeks	Total hours per term
		+	x10=	+
			x10=	=

*Example: 3 (1/2 hour lessons) + 1 (1-hour lesson) = 2.5 (total weekly) hours Total hours per term

5. Office hours (not to exceed 15 hours per term)	
6. Meeting time with supervising faculty (per term)	
7. Juries and audition hours (per term)	
8. Advising, administrative duties (per term)	
9. Other assignments (please specify) (per term)	
10. Grand total hours per term	

GTF Signature: _____ Date: _____

Faculty Supervisor's Signature: _____ Date: _____