**WEEKLY TEACHING LOAD FORM**

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| --- | --- | --- | --- | --- | --- |
| **Dept:** | **…………………………………………………………..** | **Month** | **…………………………………………………..** | **Semester:** | **…………………………………………………..** |
| **Week #** | **…………………………………………………………..** | **From:** | **…………………………………………………..** | **To:** | **…………………………………………………..** |

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| **SR #** | **ID #** | **Name of Staff** | **Position** | **Act** | **Actual Teaching Load for the Entire Week Mentioned Above** | | | | |
| **Regular Courses** | **Special Programs** | **Immediate Replacement Hours** | | **Total Weekly Teaching Hours** |
| **Added** | **Deducted** |
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**Legend:** The Activity type is to be selected (LT or LB) for the Instructors only.

**Chairman/ ELC Director:**  Name: …………………………………………………….………..… Signature: …………………….……..………………. Date**:** …………..………………..……….