CLASS LOAD INQUIRY FOR ADJUNCT INSTRUCTORS
Semester _____ Year _____

Instructor: _____ **ID#:** _____

Division: _____

Beginning Date: _____**Ending Date:**_____

(Please do not put E-Learning Class/es on this form. This form will come from E-Learning.)

CRN, Course #, & Section	Time	Days	# of Contact Hours	Campus

Total Hours _____ **(3 hours = $1,300.00)**

_____
Instructor

_____
Division Chair

_____
VP of Instruction