

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 = \$1,400.00)

Instructor

Division Chair

VP of Instruction