**University Of Colorado Boulder**

**COLLEGE OF ENGINEERING AND APPLIED SCIENCE (CEAS)**

# Application for a One-Semester Differentiated Workload in 20\_\_-20\_\_

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Name of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title and Percent FTE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last differentiated teaching workload, if applicable

Term of differentiated workload requested (select only one):

AY\_\_\_\_\_\_\_\_\_\_ FALL 20\_\_\_\_\_ SPRING 20\_\_\_\_\_

**Checklist:**

\_\_ Applicant is a 50% or more FTE instructional faculty member (Instructor, Senior Instructor, Principal Instructor, Scholar in Residence, Professor of Engineering Practice) in CEAS

\_\_ Applicant has 6 years (12 semesters) of service to the University at that appointment level of higher since his/her/their initial appointment or last differentiated workload semester

\_\_ Differentiated Workload plan form attached

\_\_ Department Chair or Program Director statement form attached

\_\_ Current vitae attached

*Instructional faculty with the titles of Instructor, Senior Instructor, Principal Instructor, Scholar in Residence, Professor of Engineering Practice appointed in the College of Engineering and Applied Science, who have completed six years (12 semesters) in rank (at 50% time appointment or more) will be eligible to apply for a differentiated workload for one semester. The differentiated workload will reduce the formal (course) teaching responsibilities of the instructional faculty to zero for that semester. The CEAS Differentiated Workload Application is to be completed by the instructional faculty and Chair/Director and sent to the Associate Dean for Faculty Advancement for the Dean’s approval signature. The faculty will receive full-time pay if on a 100% FTE appointment, or proportional pay based on percent FTE of their appointment, for that semester.*

*In accepting a differentiated workload assignment, the faculty member shall agree to return to the University for at least one year thereafter. In case the faculty member is responsible for terminating his/her connection with the University within the period of one year after expiration of the differentiated workload, the individual shall refund the remuneration paid to him/her during that semester to the University on a prorated basis, except in exceptional circumstances, including permanent disability or death, wherein neither the individual nor the heirs shall be obligated to refund any part of the amount paid while on differentiated workload."*

***I have reviewed the policy and rules of CEAS and my department/program related to differentiated workload. In submitting this application, I agree to abide by these rules.***

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Applicant's Signature Date

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Department Chair's/Program Director’s Signature Date

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Dean's Signature Date

## **DIFFERENTIATED WORKLOAD PLAN**

Title of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CEAS policy requires the following information be provided by each faculty member applying for a differentiated workload semester. Please complete the following questions in the space allowed:

(1) Describe your project's academic objectives, including the contribution to your professional growth and expertise.

(2) Describe your work plan (activities planned for differentiated workload semester, including location(s) if travel is planned).

(3) Describe how your project will advance departmental/ program and college goals and national teaching and education practice in your discipline.

(4) Describe how your project will enhance the University's reputation.

(5) Describe how your plan will contribute to the educational experience of the students, especially contributions to increasing the participation of diverse students and students from traditionally underrepresented communities.

***Any alteration to your differentiated workload plan after it has been approved by CEAS Dean must be resubmitted for approval to your Unit Chair/Director and Dean. Your differentiated workload plan will be a public document and, therefore, no proprietary information reflecting intellectual property issues should be included.***

**THE DEADLINE FOR APPLICATION DIFFERS FROM UNIT TO UNIT. PLEASE CHECK WITH YOUR CHAIR/DIRECTOR OFFICE FOR DEADLINES FOR APPLICATIONS.**

## **STATEMENT BY DEPARTMENT CHAIR**

Please assess the applicant’s differentiated workload Plan and indicate below (next page) how you propose to cover the teaching assignments of this faculty member.

Include specific courses or numbers and levels of courses to be replaced each semester. List the replacement method/cost (i.e., Honoraria, GPTI, etc.) and list approved replacements.

Please include your assessment of the differentiated workload Plan.

Fall:

Spring:

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Department Chair's/Program Director’s Signature Date

Approved as noted:

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Dean's Signature Date