National University
of Computer and Emerging Sciences
Reduced Workload Request Form

Employee Information

Name:		Emp ID:	
Designation:		Campus:	
Department:		DOJ:	

Courses taught in previous semester (Recent Semester first)

Semester	Course Code	Course Title	CH	Section

Reason for requesting reduced workload in the next/current semester.

_____

_____

Workload required in the next/current semester; course(s)	1/3 ☐	2/3 ☐
Salary Status	Full ☐	Reduced ☐

Applicant's Signature _____

Recommendations	Signature	Date

	Signature	Date
To be filled by HOD Name: _____ Remarks: _____		
Head of School *(for Computing depts)* Name: _____ Remarks: _____		
Director Name: _____ Remarks: _____		

Registrar

☐ Recommended   ☐ Not Recommended   Signature: _____   Date: _____

Remarks: _____

Rector   ☐ Approved   ☐ Not Approved   Signature: _____   Date: _____

Remarks: _____

…………………………………………… *for official use* ……………………...……………………………

NUMUN Entry (HR-HQ)   Name: _____   Signature: _____   Date: _____