



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**

Semester	Course Code	Course Title	CH	Section
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Reason for reduced workload

\_\_\_\_\_

\_\_\_\_\_

Workload of \_\_\_\_\_ courses is required in the next semester at  Full  Reduced pay.

Applicant's Signature \_\_\_\_\_

**To be filled by HOD**

Comments:		
Date:	Name:	Signature:

**To be filled by DIRECTOR**

Comments:		
Date:	Name:	Signature:

**To be filled by REGISTRAR**

Comments:		
Date:	Name:	Signature:

**RECTOR**

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved
Date:	Name:	Signature:	