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
To be filled by HOD Name: _____ Remarks: _____		
Head of School *(for Computing dept.)* 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: _____