

UNIVERSITY OF COLORADO AT BOULDER
LIBRARY FACULTY DIFFERENTIATED
ANNUAL WORKLOAD APPROVAL

Name: _____ Time Period: _____

Department: _____

Library Position: _____

Academic Rank: _____

	Percent
1. Librarianship	_____
2. Research, Scholarship and/or Creative Activities	_____
3. Service	_____

ATTACH TO THIS FORM THE REASON FOR THE DIFFERENTIATED WORKLOAD.

SIGNATURES

Faculty Member _____
Date

First-Level Evaluator _____
Date

Second-Level Evaluator _____
Date

Associate Director (if not second-level evaluator) _____
Date

Dean _____
Date

Date