

Marin Community College District

REQUEST FOR REDUCED LOAD

Submit this form to the UPM-DISTRICT WORKLOAD COMMITTEE via the Department Chair or Coordinator at least one week before the deadline date for scheduling the semester in which the proposed leave would occur.

TO: UPM/DISTRICT WORKLOAD COMMITTEE

FROM: \_\_\_\_\_ DEPT. \_\_\_\_\_  
(Name of applicant)

DATE: \_\_\_\_\_

Semester \_\_\_\_\_ Units \_\_\_\_\_

Total number of units to be carried \_\_\_\_\_ (See Contract Sections 8.14.2, 8.14.3 and 8.14.4 for restrictions and benefit coverage).

Reason for request: (Only if in excess of 3 units, one course, or over 10% of non-credit load. See Section 8.14.2)

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
UDWC Signature/Date

\_\_\_\_\_  
Vice President/Date

cc: Department Chair  
Routing: Human Resources  
Academic Affairs

UDWCREDL