

	FACULTY LOADING	Document No.:	WVSU-ODI-SOI-03-F03
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FACULTY LOADING _____ Semester SY: _____				
Name of the Faculty:	Subjects To Handle	Units	Course Year and Section	Indicate the no. of preparation, Actual units with Total of each, Indicate (Deloading)
1.				No. of Preparations:
				Instruction:
				Deloading:
				Total:
				Required No. of Units:
				Overload/Underload:
2.				No. of Preparations:
				Instruction:
				Deloading:
				Total:
				Required No. of Units:
				Overload/Underload:

Prepared by:

Certified Correct:

Received by:

 (Printed Name of the Dept.
 Chair with signature/date)

 (Printed Name of the School
 Director with signature/date)

 (Printed Name of the Schedule
 Coordinator with signature/date)

 (Printed Name of the Dean of
 Instruction with signature/date)