

☐ Original☐ Revision Date:☐ Final

## FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

## ASSIGNMENT OF RESPONSIBILITY FORM

Term: ☐ Summer ☐ Fall ☐ Spring Year \_\_\_\_\_Courtesy Appointment? ☐ Yes ☐ No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ ID# \_\_\_\_\_

Name of School/College: \_\_\_\_\_

Working Dept. Account # \_\_\_\_\_ Working Dept. Name \_\_\_\_\_

Paying Dept. Account # (if different from Working Dept) \_\_\_\_\_ Paying Dept. Name \_\_\_\_\_

Position Number \_\_\_\_\_ CIP \_\_\_\_\_ Overload Position # \_\_\_\_\_ Total Effort \_\_\_\_\_

Pay Plan (Check all applicable): ☐ 22 ☐ 06 ☐ 05 ☐ Other Pay Plan (Please specify) \_\_\_\_\_Budget Entity (Check all applicable): ☐ E&G ☐ C&G Project # \_\_\_\_\_ ☐ Other (Please specify) \_\_\_\_\_

## CREDIT GENERATING ACTIVITIES

Course Prefix	Course #	Course Section #	Course Name	Lab (Y/N)	Summer (A, B, or C)	Enrollment		Percent Effort	
						Expected	Actual	Expected	Actual
OVERLOAD									

Subtotal \_\_\_\_\_

## NON-CREDIT GENERATING ACTIVITIES (Please attach a non-credit generating activity report form)

Type of Activity	% Effort	Type of Activity	% Effort	Type of Activity	% Effort
Academic Advisement		Collective Bargain Release Time		Public/Institutional Service	
Academic Admin/Support Services		Leave of Absence with Pay		Supervision of Coop. Education	
Clinical Activity		Other Instructional Efforts		University Governance	

Subtotal \_\_\_\_\_

## RESEARCH and other SPONSORED ACTIVITIES

Project #	Title of Award	Dept. Acct. # for In-Kind	Percent Effort			
			In-Kind not Required by Grant (E&G)	In-Kind Required by Grant (E&G)	Release (C&G)	Total
	E&G Research (not project related)					

Subtotal \_\_\_\_\_

TOTAL DESIGNATED EFFORT: \_\_\_\_\_

I CERTIFY THAT ABOVE EFFORT HAS BEEN ASSIGNED:

\_\_\_\_\_  
Faculty Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Chairperson Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Dean Signature\_\_\_\_\_  
Date

---

**NON-CREDIT GENERATING AND RESEARCH ACTIVITY REPORT FORM**

---

Term: ☐ Summer ☐ Fall ☐ Spring Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

School/College: \_\_\_\_\_ Department: \_\_\_\_\_

---

Type of Activity:

Summary of Activity:

Progress Report:

Other Instructional Efforts:

☐ Original

☐ Revision Date:

☐ Final

---

## NON-CREDIT GENERATING AND RESEARCH ACTIVITY REPORT FORM

---

Term: ☐ Summer ☐ Fall ☐ Spring Year: \_\_\_\_\_

Last Name First Name: Middle Initial

School/College: Department:

---

Type of Activity:

Summary of Activity:

Progress Report:

**ACADEMIC ADVISEMENT AND COUNSELING**

**Term:**      ☐ **Summer**   ☐ **Fall**      ☐ **Spring**    **Year:** \_\_\_\_\_

---

Name of College \_\_\_\_\_

Name of Department \_\_\_\_\_

Name of Advisor: \_\_\_\_\_ Room No. \_\_\_\_\_

Telephone #: \_\_\_\_\_ Office Hours: \_\_\_\_\_

**ADVISEES**

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>ID#</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			