

## Supplemental Examinations Faculty Activity Log

**Statement of Purpose:**

One of the major concerns in implementing Supplementary Exams is proper reflection of related faculty workload. All parties – The College Compensation and Appointments Council, College management, and the CAAT unions have acknowledged this difficulty. In order to accumulate required data, we ask that faculty record the actual time they spend in all Supplemental Exam related activity on this form.

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Course Code** \_\_\_\_\_

TIME		
Please write as an expression of a decimal		
	Exam preparation	Marking time
	hours	hour

<b>Comments:</b>

**Faculty Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Contract #:** \_\_\_\_\_