FACULTY SERVICE RECORD
2nd Trimester/Semester AY 2022-2023

PRINTED NAME: _____Tinao_____ _____Maria Maura_____ __S__ FACULTY: __FICS__
                            (Family)   (Given)   (M.I.)

STATUS OF APPOINTMENT: UPOU FACULTY: _____Permanent _X___ Temporary _____Substitute RANK: _____

AFFILIATE FACULTY: RANK _Asst. Prof. 1_ PROF. LECTURER: RANK _____

I. TEACHING LOAD

A. In the UPOU

Course Number	Course Title	No. of Students (A)	Course Credits w/o multipliers (B)	Student Credit Units (A x B)	Teaching Load Credits w/Multipliers (to be filled by UPOU Faculty Dean)

TOTAL: _____

B. In Other UP Units (Indicate UP unit/s _____)

Course Number	Section Code	Room	Days	Time	Hours per Week	No. of Students (A)	Course Credits w/o multipliers (B)	Student Credit Units (A x B)	Teaching Load Credits w/Multipliers (based on the attached FSR from other UP unit)
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

TOTAL: _____

Concurrent teaching load outside UP: Please do not leave blank. Write none in the blanks below if no teaching load outside UP listed above.

_____ _____ _____
COLLEGE OUTSIDE U.P. SYSTEM   No. of Subjects   No. of Units (w/o multipliers)

NOTE: A faculty member teaching in another U.P. College or AU should file a separate Form 67 (FSR) in that college or AU. A copy of FSR filed with a UP unit/college should be attached to this UPOU FSR. For UPOU full-time faculty members teaching outside the UP System, an official permission from the Chancellor is required.

II. RESEARCH/TEXTBOOK WRITING/COURSE DEVELOPMENT/CREATIVE WORK: (Please attach Progress Report)

TITLE	NATURE OF INVOLVEMENT	START DATE MM/DD/YY	END DATE MM/DD/YY	Funded (Y/N) Honorarium (Y/N)	Approved Credit Units
Breast Cancer Detection in the Philippines Using Machine Learning Approach	Principal Researcher	March 2023	Ongoing	N/A	

TOTAL: _____

III. ADMINISTRATIVE WORK (to include course managers, asst. to the director, learning center coordinator, program chair, etc.). Specify UP units where administrative workload is to be credited. Include even if no load credit or no

honorarium is received. Program Chairs and Faculty Deans should initial to indicate that the load credit units for work inside the Faculty are approved at their level.

Position/Nature of Administration Work	Office/Unit	Approved Credit Units
Program Development Associate/ UPOU Repository	Office of the Vice Chancellor for Academic Affairs	3
Program Development Associate/Proposed Masters in Data Science Program	Faculty of Information and Communication Studies	3
Member of the University Library Board	AO No. CMDPB 2023-040	Honoraria Standing Committee Grade 2
	TOTAL:	**6.0**

(Items IV-VIII FOR UPOU FULL TIME FACULTY ONLY)

IV.   TUTORIAL WORK

Course	Learning Center	No. of Students	Approved Credit Units
MMS 102	UPOU	105	7.5
MMS 194	UPOU	100	7.5
CMSC 204	UPOU	48	3.0
CMSC 208	UPOU	34	2.25
		TOTAL:	**20.25**

V.   EXTENSION AND COMMUNITY SERVICE (e.g., training programs, services to UP-PGH, Pahinungod, etc.) Include all extension and community service this semester- and all work in the immediately preceding semester which was not reported at that time- even if no load credits or honorarium are received. Program chairs and Deans should initial the credit units which they approved or endorsed.

Position/Nature of Extension Work	Office/Unit	Approved Credit Units
	TOTAL:	

VI.   STUDY LOAD: Degree enrolled in: _____ University enrolled in:_____
On full study leave with pay? Yes _____ No_____ Recipient of faculty fellowship? Yes____ No_____
Total Units enrolled in _____

TOTAL FACULTY LOAD IN CREDIT UNITS | **26.25**

VII.   LIMITED PRACTICE OF PROFESSION
Have you applied for official permission for limited practice of profession? Yes_____ No_____
If yes, indicate date (MM/DD/YY) permission was submitted _____ and approved _____

VIII.   PROFESSORIAL CHAIR OR FACULTY GRANT RECIPIENT or NOMINEE:
Please write NA at the space on the right if neither a recipient nor a nominee: _____
No appointment has been approved as of today but Faculty has already nominated? (Y/N) _____

CHAIR _____ GRANT _____ : CHAIR/GRANT TITLE_____

APPROVED START DATE (MM/DD/YY) _____   END DATE: _____

IX.   **CONSULTATION HOURS:** (From the UP Faculty Manual: At least 10 hours per week during regular hours.)
        Days   Time   Place

_____   _____   _____

X.   **CERTIFICATION: The faculty member certifies that all information provided above is correct as of the date of signing. The Program Chair and the Faculty Dean certify to the correctness of the reported data on teaching, administrative and study load. PRINTED NAMES AND SIGNATURES.**

Maria Maura S. Tinao	Emely M. Amoloza	Diego S. Maranan
FACULTY	**PROGRAM CHAIR**	**DEAN**

Date _____   _____   _____

Note: Every faculty member in residence (i.e., receiving salary from UP), including those in full study leave with pay, fellowship or sabbatical, is required to fill up a Faculty Service Record every semester. File copies of this form shall be maintained in the Faculty, at the OUR and at the OVCAA.