ON-CAMPUS TIME – FULL TIME FACULTY
SEMESTER II – 2011/2012 SCHOOL YEAR

Teacher Name_____ Office #_____
(Please Print) Phone Ext.#_____
Beginning Date_____ End Date_____

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00-8:00						
8:00-9:00						
9:00-10:00						
10:00-11:00						
11:00-12:00						
12:00-1:00						
1:00-2:00						
2:00-3:00						
3:00-4:00						
4:00-5:00						
5:00-6:00						
6:00-7:00						
7:00-8:00						
8:00-9:00						
9:00-10:00						
TOTAL HRS						

_____ _____ _____ _____
Teacher Signature Date Supervisor Signature Date

PLEASE READ AND FOLLOW THE INSTRUCTIONS BELOW WHEN COMPLETING THIS FORM.

1. Indicate your course numbers and classrooms in the appropriate space, i.e., **Subject, Course Number, and Section Number (Example: OFTECH-194-200 for Office Technology 106).**
2. Write in **"office"** for your office hours. (No more than two office hours may be scheduled in one day.)
3. Mark **"X"** for your prep time.
4. Write **lunch** in the appropriate spaces. If you are not scheduling a lunch period, write **No Lunch** within that day's column.
5. Please total each day. If the start and/or end time does not start on the hour, write the exact start and stop time in the appropriate spaces and connect them with a straight line. The totals, without lunch, will be 32 hours.

Complete this form to reflect Office # and Phone Ext. and forward it to your supervisor as soon as possible. The supervisor will review it, retain a copy, return a copy to you, and forward a copy to Payroll. Payroll should receive this form by: **January 20, 2012**.