



**ON-CAMPUS TIME – PART TIME FACULTY
SEMESTER I FALL 2014 (FA15)**

Teacher Name _____
(Please Print)

I.D # or S.S # _____
Voice Mail Ext. # _____

Beginning Date _____

End Date _____

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

1. Indicate all your **Subject, Course, and Section Numbers** in the correct spaces. **Example: OFTECH-194-200 for Office Technology 106.** Include all Workforce Development assignments as well.
2. Write in **“office”** to indicate your office hours. The contract requires 1.0 office hrs. If you teach under 25% load; 1.5 office hrs. if you teach between a 25% and 39.9% load; and 2.0 office hours if you teach a 40% load or more.
3. Please total hours for each day. If the start and/or end time does not begin on the hour, write the exact start and stop time in the appropriate spaces and connect them with a straight line.
4. **Sick leave usage:** If you use your accrued sick leave to cover a personal illness or an eligible “personal and compelling” absence per the work agreement, you will be charged sick time in an amount equal to the total hours listed for that day.
5. Complete this form and forward copies to each section supervisor as soon as possible. Each supervisor will review it, retain a copy, and return a signed copy to you.

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