



**San Francisco Community College District
INSTRUCTIONALLY RELATED TIME REPORT
TEMPORARY, PART-TIME FACULTY OFFICE HOURS**

NAME: _____ SSN: _____ DEPARTMENT: _____
Last First M.I.

ORGN. CODE: _____

Semester: Fall _____ Spring _____
(Year) (Year)

CREDIT ASSIGNMENT

(List courses and percent of full-time load for each course)

CRN	SUBJ	CRSE	SECT	% of LOAD	CRN	SUBJ	CRSE	SECT	% of LOAD
1)					3)				
2)					4)				

TOTAL % of Load.

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(Indicate date and location of not more than 15 office hours/semester)

Date	Location	Hours	Date	Location	Hours	Date	Location	Hours
1)			6)			11)		
2)			7)			12)		
3)			8)			13)		
4)			9)			14)		
5)			10)			15)		

TOTAL HRS.

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I hereby certify that I have held the office hours indicated above and that I previously provided written notice of the hours in advance to my students and department chairperson.

Signed: _____ Date Filed: _____ Phone: _____
(Employee)

Approved by: _____ Date: _____ Phone: _____
(Department Chairperson)

Note: Form should be submitted to Academic Payroll, 33 Gough Street, once each semester on or before the last day of instruction.