



SAMPLE

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

NAME: **CHENG, CAROL** SSN: **W00000000** DEPARTMENT: **HEALTH EDUCATION**
 Last First M.I. ORGN. CODE: **7720**
 Semester: Fall _____ Spring **2015**
 (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) 30000	HLTH	123	001	.20 FTE	3) 30002	HLTH	125	003	.06 FTE
2) 30001	HLTH	124	002	.133 FTE	4) 30003	HLTH	126	004	.03 FTE
TOTAL % of Load.									.42 FTE

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

Date	Location	Hours	Date	Location	Hours	Date	Location	Hours
1) 1/21	MUB 353	1	6) 2/25	MUB 353	1	11) 4/8	MUB 353	1
2) 1/28	MUB 353	1	7) 3/4	MUB 353	1	12) 4/15	MUB 353	1
3) 2/4	MUB 353	1	8) 3/11	MUB 353	1	13) 4/22	MUB 353	1
4) 2/11	MUB 353	1	9) 3/18	MUB 353	1	14) 4/29	MUB 353	1
5) 2/18	MUB 353	1	10) 3/25	MUB 353	1	15) 5/6	MUB 353	1
TOTAL HRS.								15

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: **4/8/2015** Phone: **X 3274**
 (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.