

SAN DIEGO COMMUNITY COLLEGE DISTRICT ADJUNCT OFFICE HOURS FORM

INSTRUCTIONS:

- ~ Submit this completed form (with a copy of your syllabus attached) to your dean no later than the second week of the assignment.
- ~ It is recommended to retain a copy for your records which documents receipt by your dean's office.
- ~ Your syllabus must include the number of office hours which you agree to hold during the semester, including the days, times, and places where the office hours will be held.
- ~ A separate form must be submitted for each school/college discipline where you have an assignment.

NAME

EMPLOYEE ID*

CAMPUS

DEAN

DISCIPLINE: Please fill in the Discipline for this school/college.

LIST THE OFFICE HOURS MEETING PLACE(S) AND DAYS/TIME(S) TO BE HELD:
It is the responsibility of the faculty member to find his/her own location to hold the office hours.

ENTER TOTAL SEMESTER FTEF: For this Discipline at this College:

CHART For hours available per FTEF:

| FTEF | Maximum Number of Office Hours |
|------------|--------------------------------|
| .01 to .10 | 5 |
| .11 to .20 | 10 |
| .21 to .30 | 15 |
| .31 to .40 | 20 |
| .41 to .50 | 25 |
| .51 to .60 | 30 |

*EMPLOYEE ID CAN BE LOCATED ON YOUR PAY STUB, BY CONTACTING YOUR CAMPUS BUSINESS OFFICE OR BY CONTACTING THE DISTRICT OFFICE PAYROLL OFFICE 619-388-6582.

=U fYYtc' dfcj]XY SSSSSSSSSSS'cZ]WV\ ci fg'VmiH Y7\ UfhUVcj YUbX'fYZYWHH YgWk YXi `YcZH YgY` \ ci fg]b'a migm`UVi g'Xi f]b['H]g'gYa Yghf''5 'VtdmicZa migm`UVi g']g'UfUWk YX']bX]WU]b['H Y' cZ]WV\ ci f]b'Zfa U]cb 'Zf'a migh XYbtg"

Signature

Date

Please Print Name

Please return this form to your school Dean by the dates specified above.

Questions? Contact the AFT Office at 619-640-1155.