

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT  
 ADJUNCT OFFICE HOURS FORM**

**Print Form**

**INSTRUCTIONS:**

- 1) Submit this completed form (with a copy of your syllabus attached) to your dean no later than the second week of the assignment.
- 2) It is recommended to retain a signed copy for your records.
- 3) 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.
- 4) A separate form must be submitted for each school/college discipline where you have an assignment.

**NAME** \_\_\_\_\_ **EMPLOYEE ID** \_\_\_\_\_

**CAMPUS**  GROSSMONT  CUYAMACA      **TERM**  FALL  SPRING      **YEAR** \_\_\_\_\_

**DEAN** \_\_\_\_\_  FULL SEMESTER       LATE START

**LIST THE OFFICE HOURS MEETING**

**PLACE(S) AND DAYS/TIME(S) TO BE HELD**

*(It is the responsibility of the faculty member to find a location to hold the office hours):* \_\_\_\_\_

**ENTER TOTAL SEMESTER LED (For the Discipline at this College):** \_\_\_\_\_

	Maximum Number of Office Hours	
Semester LED:	Per Semester from All GCCCD Assignments Combined:	
.01 to .10		5
.11 to .20		10
.21 to .30		15
.31 to .40		20
.41 to .50		25
.51 to .60		30
.61 to .67		33.5

***I agree to provide \_\_\_\_\_ office hours by the chart above and reflect the schedule of these hours in my syllabus during this semester. A copy of my syllabus is attached indicating the office hour information for my students.***

\_\_\_\_\_  
**Faculty's Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Dean's Signature**

\_\_\_\_\_  
**Date**

*Note: A separate form must be submitted for each college and each discipline in which you have an assignment.*

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