MIRACOSTA COMMUNITY COLLEGE DISTRICT
ASSOCIATE FACULTY OFFICE HOURS TIME REPORT

LAST NAME: _____ **FIRST:** _____ **MIDDLE INITIAL:** _____
SEMESTER: ☐ **FALL** ☐ **SPRING** **TOTAL ASSIGNED LHE:** _____ **EMPLOYEE ID:** _____
COURSE(S) TAUGHT: _____

☐ **CREDIT** ☐ **NON-CREDIT (SELECT ONE:** ☐ **NCESL** ☐ **AHS** ☐ **AWD** ☐ **STV)**

DATE	**OFFICE HOURS**	**TIME**
EXAMPLE: WED. 10/12	*EXAMPLE:* 5:00-6:00 P.M.	*EX.:* 1.0
	TOTAL	
RATE = $50.00/HR	**DEAN'S OFFICE INITIAL** **COST CENTER:** **PROGRAM:**	
OFFICE HOURS SHALL BE PAID AT THE FLAT RATE OF $50 PER HOUR (AF CBA 11.4).		

I CERTIFY THAT ALL OF THE INFORMATION REPORTED ABOVE IS CORRECT. I AUTHORIZE MIRACOSTA COMMUNITY COLLEGE TO MAKE ANY NECESSARY ADJUSTMENTS DUE TO UNDER/OVER PAYMENT AS NEEDED.

_____ _____
FACULTY SIGNATURE DATE DEAN'S SIGNATURE DATE

REV 08/12/2021

SAVE AS PDF WITHOUT PASSWORD PROTECTION
SEND SIGNED FORM TO YOUR SCHOOL'S DEAN FOR APPROVAL