

Credit/Non-Credit Associate Faculty Office Hours Scheduling Confirmation

NAME: _____ SEMESTER: _____ YEAR: _____

EMPLOYEE ID: _____ TOTAL ASSIGNED LHE: _____

OFFICE HOURS OPTION POLICY

Associate faculty teaching credit classes shall be eligible for two (2) paid office hours per assigned LHE per semester.

Noncredit ESL, Adult High School, Adults with Disabilities, and Short-Term Vocational instructors shall be eligible for (2) paid office hours per assigned LHE per semester.

Librarians and cooperative work experience and intern studies instructors shall be entitled to three (3) hours per semester for individual appointments.

- Summer intersessions are excluded.
- Office hours must be held in conjunction with a schedule submitted to and approved by the appropriate dean at the beginning of the semester.
- Office hours may be held virtually.
- **Oceanside and Community Learning Center classrooms/lab spaces are self-scheduled by the instructor in 25Live (an online room reservation system). San Elijo has pre-designated spaces and hours to hold office hours.**
- Open areas (i.e. cafeteria, library, quads, etc.) don't require reservations; please inform students of your exact location.
- Schedule no less than 30-minute intervals.

ASSIGNMENT INFORMATION

Class #	Course #	Course Name	Days	Time	Room
<i>Example: 1111</i>	<i>ENGL100</i>	<i>Reading & Composition</i>	<i>TTh</i>	<i>6:15 p.m. – 8:05 p.m.</i>	<i>OC4600</i>

OFFICE HOURS CAMPUS LOCATION (MARK ALL THAT APPLY): OCEANSIDE CAMPUS SAN ELIJO CAMPUS CLC ONLINE OTHER:

	Day/Date	Time	Hours	Location	Confirmed in 25Live? (if in OCN/CLC class/lab)
<i>Example:</i>	<i>Wed. 10/12</i>	<i>5:00-6:00 p.m.</i>	<i>1.0</i>	<i>e.g. 'Cafeteria' or 'OC4802'</i>	<i>Yes or N/A</i>
1.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
2.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
3.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
4.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
5.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
6.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
7.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
8.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
9.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
10.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
11.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A

12.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
13.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
14.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
15.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
16.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
17.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
18.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
19.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
20.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
21.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
22.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
23.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
24.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
25.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
26.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
27.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
28.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
29.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A
30.					<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Total Hours Scheduled

Indicate your proposed office hours schedule on this form, save without password protection, sign, and forward to your School's Dean for approval. The Dean's approval is contingent upon meeting the conditions of "Article 11: Office Hours" of the Collective Bargaining Agreement. Upon approval of your proposed office hours schedule and maximum eligible number of office hours to be paid, a copy of this form and an office hours timesheet will be returned to you. The office hours timesheet is to be filled out and forwarded to your School's Dean for approval no later than the last day of the semester.

_____ *Instructor Signature*

IS Office Use Only

Received on: _____ Dean's Initial: _____

Approval for: _____ hours