

FACULTY PROGRAM CARD

Semester _____

Year _____

Phone: _____

Name: _____ Dept: _____ Office: _____ Email address: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Course No.	Room												
6:00														
7:00														
8:00														
9:00														
10:00														
11:00														
12:00														
1:00														
2:00														
3:00														
4:00														
5:00														
6:00														
7:00														
8:00														
9:00														
10:00														

1. Write in your total contract assignment: course numbers, room numbers, or other non-teaching assignment in the appropriate time blocks for each day of the week.
2. Indicate your planned on-campus hours for each day by drawing a line in the vertical shaded column preceding the day and time. Note: Faculty are assigned 30 hours on campus each week (35 for counselors, 40 for other non-classroom faculty). Do not include overload time or mealtime in the on-campus hours.
3. Write in "Office Hour" in the appropriate blocks to indicate the total hours (normally five hours for classroom faculty) you plan to be in your office each week (includes an office hour for each day/evening that a class is taught).
4. Identify "overload" assignments by a plus (+) next to the course number (or non-classroom overload activity).
5. Identify "Reassigned Time" (Department Chair, etc.) by filling in a description of the activity in the appropriate time blocks (20% reassigned time equals 8 hours per week).

Complete all information on the reverse side and return form to the appropriate Dean/Manager

Contract Assignment

Discipline / Subject Area / Activity	Hours per Week	FTEF
Reassigned Time:		
Totals:		

Overload and Other Assignments

Description <i>(Course / CRN / Activity)</i>	Dates <i>(Start/End)</i>	Hours per Week <i>(Time and Days)</i>	FTEF
Totals:			

Committee Assignments

Faculty are expected to serve on a minimum of one District or College committee. Identify your assigned committee(s).

Committee Name	Type: District, College, Department, Etc.	Chairperson (Name)	Term of Assignment (Year/Semester)	Estimated Hours per Week

Complete all information on both sides of this Faculty Program Card and return form to the appropriate Dean/ Manager

The information on this card represents the faculty member's assignment for the semester. The times and assignment are subject to change as schedule adjustments are made. Please sign below to acknowledge receipt of and agreement with this card.

Faculty Signature: _____ Date: _____

Dean's Approval: _____ Date: _____