



OVCA FORM 102B: INDIVIDUAL INSTRUCTOR/TEACHER SCHEDULE (SHSSH)

_____ Semester/Term, School Year _____ - _____

Name of Instructor/Professor:

_____ Surname First Name M.I.

Full Time Permanent Full Time Probationary Full Time Fixed Part Time

Take note of the following in accomplishing this form:

1. Write the course, section, room assignment and learning modalities in each box slated for teaching hour/s.
2. Write CH (Consultation Hour), AW (Administrative Work), ARP (Academic-Related Pursuits) in the schedule. The ARP includes *service to the community, outreach and research work* and there is no need to specify. Kindly indicate the room/office in each box slated for CH, AW, and ARP.
3. Shade fully the boxes which are not used for teaching/consultation/ administrative work/ academic-related pursuits.

*Note: For full-time/fix term faculty, minimum of 6 hours is required for CH and ARP

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 – 7:30	CLASS ASSEMBLY					
7:30 – 8:00	Advisory Class					
8:00 – 9:00						
9:00 – 10:00						
10:00 – 10:15	AM RECESS					
10:15 – 11:15						
11:15 – 12:15						
12:15 – 1:00	LUNCH					
1:00 – 2:00						
2:00 – 3:00						
3:00 – 3:15	PM RECESS					
3:15 – 4:15						
4:15 – 5:15						

Teaching Load _____ Units	
No. of Teaching Hrs./Week _____	
No. of Consultation Hrs./Week _____	
No. of Hrs. for Academic-Related Pursuits/Week _____	
No. of Hrs. for Administrative Work/Week _____	
Total No. of Hours/Week _____	

CONFORME:

Signature of Instructor/Professor

ENDORSED:

RECOMMENDED:

APPROVED:

Academic Coordinator

Director

Naomi M. de Aro, RN, MAN, EdD
Vice Chancellor for Academics

Note: Please accomplish in four (4) copies: Faculty Member, Department Chair/Program Director, Dean, File

