



OVCA FORM 102C: INDIVIDUAL ACADEMIC SERVICE FACULTY SCHEDULE

_____ Semester/Term, School Year _____ - _____

Name of Instructor/Professor: _____

Surname

First Name

M.I.

Permanent

Probationary

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.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 – 7:30						
7:30 – 8:00						
8:00 – 8:30						
8:30 – 9:00						
9:00 – 9:30						
9:30 – 10:00						
10:00 – 10:30						
10:30 – 11:00						
11:00 – 11:30						
11:30 – 12:00						
12:00 – 12:30						
12:30 – 1:00						
1:00 – 1:30						
1:30 – 2:00						
2:00 – 2:30						
2:30 – 3:00						
3:00 – 3:30						
3:30 – 4:00						
4:00 – 4:30						
4:30 – 5:00						
5:00 – 5:30						
5:30 – 6:00						
6:00 – 6:30						
6:30 – 7:00						

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 ASF

ENDORSED:

Dean/Director

APPROVED:

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

