



OVCA FORM 120: DIRECT TEACHING/ACADEMIC-RELATED SERVICE RENDERED BY FACULTY MEMBERS AND ACADEMIC SERVICE FACULTY

Date: _____

For: **The Finance and Controllership Department**

Through: Payroll Office

From: _____

Signature of Instructor/Professor/ASF over Printed Name

- | | | |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Full-time Fixed | <input type="checkbox"/> Part time |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Probationary | |
| | <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) | _____ |

Department: _____

College: _____

Rank: _____

Rate/Hour: _____

Subject: **Direct Teaching/Academic-Related Service Rendered by Faculty Members/ASF**

This is to inform the Finance and Controllership Department through the Payroll Office that I have rendered the following:

- | | |
|--|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Laboratory Sessions |
| <input type="checkbox"/> Clinical Teaching | <input type="checkbox"/> Academic Rotations |
| <input type="checkbox"/> Proctoring | <input type="checkbox"/> Substitution |
| <input type="checkbox"/> Attendance in the Planning Workshop of the College/Department | <input type="checkbox"/> Module Development and Supervision |
| <input type="checkbox"/> Others, please specify: _____ | |

Title of Lecture/Nature of Clinical Teaching/Academic Rotations/Topic of the Laboratory Sessions/Nature of the Planning Workshop of the College/Department/Subject Proctored: _____

Period Covered: Month: _____ Date: _____ Year: _____

Total Number of Hours Rendered: _____

Service Rendered to (Class/Section/Group): _____

Thank you very much.

VERIFIED/RECOMMENDED:

ENDORSED:

Department Chair/Program Director/Director

Dean

NOTE: This form must be submitted to the Finance and Controllership Department immediately in time for the payday schedule so as to avoid delay in the release of salary.

cc: College/Department Concerned, File

