



### OVCA FORM 145: CONSULTATION HOURS MONITORING

Semester/Term: \_\_\_\_\_ School Year: \_\_\_\_\_  
 College/Department: \_\_\_\_\_  
 Scheduled Consultation Hour/s: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Year/Section of Student	Status of Consultation				
	Date/Time of Consultation	Venue	Specific Concerns	Signature of Student	Action Taken/Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

TOTAL NUMBER OF HOURS OF CONSULTATION FOR THE PAY PERIOD STATED: \_\_\_\_\_

I hereby certify that the above record is true and correct.

\_\_\_\_\_  
 Printed Name and Signature of Part-time Faculty In-charge

Endorsed:

Recommended:

Approved:

\_\_\_\_\_  
 Chair

\_\_\_\_\_  
 Program Director

\_\_\_\_\_  
 Dean/Director

cc: Finance and Controllership Dept., Payroll Unit, AQM, File

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