



OVCA FORM 101B: ACADEMIC PLANTILLA

\_\_\_\_\_ Semester/Term of School Year \_\_\_\_\_ - \_\_\_\_\_

Name of Instructor/Professor: \_\_\_\_\_

\_\_\_\_\_ Full Time Permanent  
\_\_\_\_\_ Full Time Probationary  
\_\_\_\_\_ Full Time Fixed  
\_\_\_\_\_ Part Time

**SURNAME**                      **FIRST NAME**                      **M.I.**

Department: \_\_\_\_\_ Subject Area/s: \_\_\_\_\_  
Academic Rank: \_\_\_\_\_  
Total No. of Loads: \_\_\_\_\_  
Total No. of Overload: \_\_\_\_\_  
Total No. of Hours per Week: \_\_\_\_\_

PROGCODE	COURSE CODE	COURSE TITLE	UNITS	NO. OF HOURS	TIME		DAY	ROOM
					FROM	TO		

CONFORME: \_\_\_\_\_ ENDORSED: \_\_\_\_\_ RECOMMENDED: \_\_\_\_\_ APPROVED: \_\_\_\_\_

\_\_\_\_\_ Naomi M. de Aro, RN, MAN, EdD  
Faculty Member                      Dept. Chair/Program Director                      Dean                      Vice Chancellor for Academics

cc: Finance and Controllership Department-Payroll, Internal Audit, HRD, File  
 Philippine Copyright, 2017  
 By DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE, DR. J.O.C  
 All Rights Reserved  
 No part of this form maybe reproduced, stored in a retrieval system, or transmitted, in any form or any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the Institute.