

Office of the VICE CHANCELLOR for Academic services

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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