



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