**LOS MEDANOS COLLEGE**

**Adjunct Faculty Office Hour Request Form**

**This form must be submitted to the Office of Instruction within the first week of instruction.**

Name:

Department:

ID#:

Email:

Semester:

Teaching Assignment:

LMC DVC\* SRC\* CCC\*

Course/Section No.

Course/Section No.

Course/Section No.

Course/Section No.

Course/Section No.

\*Office Hour paperwork must be submitted for and to each location you are holding Office Hours.

(To be completed of the Office of Instruction) Total Load:

Adjunct faculty office hours are optional. The number of paid office hours during the semester depends on the % load that you are teaching. The instructor is compensated according to the “Other Academic Services Salary Schedule.”

*Examples:*

20% - 39.99% load = 9 hrs. 40% - 59.99% load = 18 hrs. 60% load = 27 hrs

**Office Hours are paid over four (4) months:**

**March – June for the Spring semester and October – January for the Fall semester**

Location of Office Hours:

Day(s):

Time(s):

I hereby certify that the above information is correct and that I will hold the office hour schedule as I have listed above. If I miss office hours during the semester I understand it will be deducted from my payment. I understand that payment will occur monthly.

Faculty Signature Date

Dean Signature Date

**Please return this form to the Office of Instruction**