

**APPENDIX B-1**  
**FACULTY SCHEDULE FORM\***

**FACULTY MEMBER** \_\_\_\_\_

**OFFICE TELEPHONE** \_\_\_\_\_

**OFFICE ROOM NUMBER** \_\_\_\_\_

**SEMESTER** \_\_\_\_\_

**SESSION** \_\_\_\_\_

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	COURSE ACTIVITY	LOCATION								
7-7:30										
7:30-8										
8-8:30										
8:30-9										
9-9:30										
9:30-10										
10-10:30										
10:30-11										
11-11:30										
11:30-12										
12-12:30										
12:30-1										
1-1:30										
1:30-2										
2-2:30										
2:30-3										
3-3:30										
3:30-4										
4-4:30										
4:30-5										
5-5:30										
5:30-6										
6-6:30										
6:30-7										
7-7:30										
7:30-8										
8-8:30										
8:30-9										
9-9:30										
9:30-										
<b>Total Hours</b>										

**Fall and Spring Semesters**

Standard Load Class Contact Hours Per Week	_____
Release Time Per Week (If Any)	_____
Office Hours Per Week	_____
Subtotal (Not Less Than 25)	_____
Opa Hours Per Week (Including Community Service)	_____
Standard Assignment Total Per Week	_____
	Must equal to <b>35</b>
Overload Hours Per Week	_____
Total Hours Worked Per Week	_____

**GUARANTEED SUMMER ASSIGNMENT SESSION A, B, C, OR D**

Guaranteed Assignment Class Contact Hours Per Week	_____
Release Time Per Week (If Any)	_____
Office Hours Per Week	_____
Guaranteed Assignment Total Per Week	_____
Overload Hours Per Week	_____
Total Hours Worked Per Week	_____

\*This Schedule Form may be revised with supervisor approval.

This form is intended to show format and the actual door schedule may deviate somewhat from this form.