



# FACULTY SCHEDULE

Fall   
 Spring   
 Summer

Year \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Department \_\_\_\_\_ Office: \_\_\_\_\_ Ext. \_\_\_\_\_

OFFICE HOURS					Total Office Hours
Mon	Tues	Wed	Thurs	Fri	

CLASS SCHEDULE				
Section No.	Course No.	Course Title	ESUs	Clock Hours

Total Clock Hours \_\_\_\_\_

Special ESUs (Full-Time) \_\_\_\_\_

ESUs \_\_\_\_\_

Total Full-Time ESUs \_\_\_\_\_

Other Time on Campus (toward minimum 30 hour on campus responsibility)

Mon	Tues	Wed	Thurs	Fri	Weekly Total

Weekly Grand Total Hours on Campus \_\_\_\_\_

Extra Pay Assignment

Section No.	Course No.	Course Title	ESUs

Special ESUs (Part-Time) \_\_\_\_\_

ESUs \_\_\_\_\_

Total Part-Time ESUs \_\_\_\_\_