Solano Community College District
Adjunct Office Hours Request for Instructional Workload

20-39% Instructional Workload (9.00-17.99 Activity Points) = 9 hours max payable
40-67% Instructional Workload (18.00-30.00 Activity Points) = 18 hours max payable

Instructions:
- Faculty member completes name, employee ID#, division and office hours schedule and obtains approval from Dean within two weeks of the assignment prior to the start of the class(es) to include proposed time and prearranged location. Exceptions will be made for late hires. Office hours scheduled are subject to approval of the division Dean.
- Dean retains a copy; the faculty member retains a copy. HR gets final completed form.
- Upon completion of the office hours, faculty member returns the copy to the Dean by the last day of the semester to request payment and signs original verifying completion of hours.
- Dean will approve payment, if appropriate, sign and submit to Human Resources by the 10th of the month following the end of the semester. Dean retains a copy, faculty member retains a copy.

Name: _____   **SCC ID#**: _____

Division: _____   **Semester:**   ☐ Fall   ☐ Spring

I plan to keep the office hours listed below. If I do not keep the office hours, I will void those not kept and will receive payment only for those hours kept. I understand that I must submit payment request to the Dean by the end of the semester and the office hours will be paid after the end of the semester (end of January for fall if payment authorization is received in Human Resources by January 10th and end of June for spring if payment authorization is received in Human Resources by June 10).

_____   Date: _____
Faculty Signature

_____   Date: _____
Approval of Supervisor/Dean

Office Hours Schedule

Dates/Days/Times/Location (room #)   **Dates/Days/Times/Location (room #)**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

                                            Total Hours: _____

I certify that I have completed the office hours noted above (to be signed at end of semester).

_____   Date: _____
Faculty Signature

Instructional Workload Assignment for the Semester: _____ %   **Hours to be Paid:** ☐ 9   ☐ 18

Dean Approval to pay _____ (Initial)

Human Resources:

Class/Step: _____   **Rate**: _____   **Pay Code**: _____   **By**: _____   **Date**: _____

Fiscal Services:

Budget Code: _____   **Hours:** _____ $ _____

Budget Code: _____   **Hours:** _____ $ _____