

**CUESTA COLLEGE
ACADEMIC OFFICE HOURS**

(Please Print all information)

Name: _____
(Last) (First)

Banner ID # _____

Please indicate semester worked:

_____ **Fall** _____ (Paid on December 31st payroll)
(year)

_____ **Spring** _____ (Paid on May 31st payroll)
(year)

| WEEK | DATE | TOTAL HOURS |
|------|------|---------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| | | TOTAL HOURS: |

Maximum compensation = **18 hours**

In accordance with the **District/CCFT Agreement, Article 4.16** – “Temporary faculty who have an assigned teaching load between 40-67% shall be paid for one office hour per week during the semester. The hours shall be paid at an hourly rate based on Column D, Step 7 of the Faculty Salary Schedule. Payment shall be based on the submission of a District time sheet certifying the office hours held and shall be made at the end of each semester.”

Employee Signature

Date

Dean of Instruction/Director

Date

| PAYROLL OFFICE USE: | | |
|----------------------------|------------------------------|---------------|
| | | \$ |
| Total Hours | D-07, 2/3 Lab Rate = \$34.70 | Total Payment |

*** Enter your Department Code**

1100- _____ -1122- _____
1100- _____ -1122- _____
1100- _____ -1122- _____

_____ % load