

# END OF TERM VERIFICATION

*Submitted in accordance with Paragraph 8.1A2f, of the 1998-2001 HCC-FUSA Agreement.*

Faculty member's name

Colleague ID or SSN

Discipline

Current Campus

Dean

Term

College or educational committees

Community or professional projects

Professional organizations

Publications or presentations of scholarly or professional work.

Other contributions

I ( ) have ( ) have not met all of my **scheduled classes** except when on approved leave.

I ( ) have ( ) have not met all of my **posted office hours** except when on approved leave.

Other comments:

Distribution:

Original- Human Resources  
Copy- Dean  
Copy- Faculty member

Signature

Date