



HILLSBOROUGH COMMUNITY COLLEGE
Faculty Office Schedule, Not Class.

Instructor: _____ Term: _____

Office Bldg: _____ Room #: _____ Telephone Number/Extension _____

E-mail _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From: _____ To: _____							
From: _____ To: _____							
From: _____ To: _____							
From: _____ To: _____							
From: _____ To: _____							
From: _____ To: _____							
From: _____ To: _____							

PT Faculty : (20 Minutes Per Credit Hours – Ex:1 Credit Class=20 Mins, 3 Credits Class=60 Mins)
“NOT LESS THAN 15 MINUTES”

FT Faculty : (10 Hours for Semester) ADDITIONAL HOURS BY APPOINTMENT ONLY _____

Faculty Member's Signature _____ Date _____
 Dean's Signature _____ Date _____
Forms: Original-Faculty Member, Copy-Dean