

END OF TERM VERIFICATION

Submitted in accordance with the current HCC-FUSA Agreement.

Faculty member's name	Colleague ID or SSN	Discipline
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Current Campus	Dean	Term
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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
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