YUBA COLLEGE INSTRUCTOR'S OFFICE HOURS—SPRING 2008

Please complete this form, include your Spring 2010 Office Hours, and return form to your Director/Dean by **Wednesday, December 9, 2009**.
Your Director/Dean will forward this form to the office of the Vice President of Academic and Student Services.

Instructor Name: _____ **Department:** _____

Office Phone Number: _____ **Office Room Number:** _____

NOTE: A minimum of five office hours per week is required.
DO NOT INCLUDE T/TH COLLEGE HOUR (12:00 Noon to 1:00 pm)

DAYS (Circle)	START TIME	END TIME	DATES (if temporary)	OFFICE NUMBER
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	
M T W TH F	*am pm*	*am pm*	to	

INSTRUCTOR'S SIGNATURE: _____ **DATE:** _____

DIRECTOR/DEAN APPROVAL SECTION:

APPROVED: _____ _____ _____
DIRECTOR/DEAN NAME (Please Print) **DIRECTOR/DEAN SIGNATURE** **DATE**

Directors/Deans: Please forward this document to the office of the VP Academic and Student Services after approval.