



**FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE  
FACULTY WORKLOAD DOCUMENT\***

**Faculty Member** \_\_\_\_\_ **Semester** \_\_\_\_\_

**Campus** \_\_\_\_\_ **Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Class Schedule**

Reference Number	Course Title/ Number	Time	Day	Location	No. of Hours
<b>Total Number of Scheduled Class Hours</b>					

**Office Hours**

Day	Time	Location	No. of Hours
<b>A Minimum of 10 Scheduled Office Hours is Required</b>		<b>Total Number of Scheduled Office Hours</b>	

**Instructional Support Time**

Day	Time	Location	No. of Hours
<b>Total Number of Instructional Support Time Hours</b>			

<p>Note: 1. The total number of hours should equal at least 30 hours          2. It is the faculty member's responsibility to post notices if not at the assigned location at the assigned time.</p>	<p><b>Enter the Total Number of Hours</b></p>
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**Faculty Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Coordinator/Program Manager** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appropriate Dean** \_\_\_\_\_ **Date** \_\_\_\_\_

Original – Human Resources

APM 03-801  
 HR 014 (08/04)  
 \*Required by State Auditor General's Office