## STUDENT ADVISEMENT TIME CLAIM FORM

For previously approved Student Advisement Time

Claims must be submitted at the end of the semester in which hours are worked!

Instructor Name						
Social Security # $\underline{X}$	<u>X X—X X—</u>					
Division	Department					
Semester	Year 20					
HOURS OF STUDENT ADVISEMENT TIME CLAIMED						
I hereby verify that the above	information is true and accurate.					
Instructor's Signature	Date					
Division Chair's Signature	Date					
Dean's Signature	Date					
For Human R	esources Use Only					
Pay Schedule Column	_ Step Hourly Rate					
Hours to be paid	Confirmation					
Rudget Code:	1225					

## STUDENT ADVISEMENT SCHEDULE

Instructor Name	Office	Phone
	OHICC	1 HOHE

Time	Monday		Tuesday		Wednesday		Thursday		Friday	
	Course	Rm#	Course	Rm#	Course	Rm#	Course	Rm#	Course	Rm#
8:00 – 8:50 a.m.										
9:00 – 9:50 a.m.										
10:00 – 10:50 a.m.										
11:00 – 11:50 a.m.										
12:00 – 12:50 p.m.										
1:00 – 1:50 p.m.										
2:00 – 2:50 p.m.										
3:00 – 3:50 p.m.										
4:00 – 4:50 p.m.										
5:00 – 5:50 p.m.										
Evening										