



FULL-TIME EMPLOYEE MAKE-UP TIME AGREEMENT

Please submit this completed form to your supervisor prior to the beginning of each semester during which are scheduled to teach and/or take a class.

Full-time Employee: _____ **Semester:** _____
Course: _____ **Credits:** _____ **Hours/week:** _____

On the chart below, please indicate your adjunct teaching/student schedule and when you are making up teaching time away from your regular, full-time position.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 a.m.						
8:00 a.m.						
9:00 a.m.						
10:00 a.m.						
11:00 a.m.						
12:00 p.m.						
1:00 p.m.						
2:00 p.m.						
3:00 p.m.						
4:00 p.m.						
5:00 p.m.						
6:00 p.m.						
7:00 p.m.						
8:00 p.m.						
9:00 p.m.						
TOTALS:						

Week Total: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

EXAMPLE:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.	X	X	X	X	X
9:00 a.m.	WRIT 101	X	WRIT 101	X	WRIT 101
10:00 a.m.	X	X	X	X	X
11:00 a.m.	X	X	X	X	X
12:00 p.m.	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 p.m.	X	X	X	X	X
2:00 p.m.	X	X	X	X	X
3:00 p.m.	X	X	X	X	X
4:00 p.m.	X	X	X	X	X
5:00 p.m.	X Make-up hour		X Make-up hour		X Make-up hour
TOTALS	8	8	8	8	8

Week Total: 40