

## Office of Adjunct Administration

## **Faculty End of Semester Responsibility Form**

Name:	ID#				
Term:		_ Departmen	t:		
Course #1	Course #2_		Course #3		
category and obtain pro	oper verification by faculty, along	of each resp g with docum	oonsibility li nentation li	ou teach. Please initial each sted below.  sted needs to be given to he reassignment of teaching.	
	Grading &	Attendance	e Responsit	pilities	
Faculty Initials for ea			•		
•	#2#3Original Attendance Roster Signed & Dated (keep a copy)				
	3Original Grading Roster Signed & Dated (keep a copy)				
	Final Grade WebAdvisor Roster Signed & Dated (keep a copy)				
				each Final Grade Roster	
*WebAdvisor Grades	must be recorde	d in compute	er within 48	hours after your final class	
<u>session.</u> Student enrol by late entry of WebA	-	aid, gradua	tion and tra	insferring is adversely effected	
	Public	Safety Resp	oonsibilitie	S	
	*NO *Facul	ty Initials	*YES *C	Official Stamp(s) of Public Safety	
Owe Key(s)				1 1 7	
Owe Parking Fine(s)					
0 ,	·	ssroom and l	oathroom ke	eys need to be turned in to Public	
•				e officially reassigned to you then	
• •	-		•	order or check in person at Public	
Safety for sign off. Qu	<del>-</del>	=	=		
	Lib	rary Respon	sibilities		
*NC	*Faculty Initia	als *YES	S *Official	Library Signature:	
Owe Books(s) $\Box$	-				
Faculty Signature:			Date:		
Department Signature:			Date:		