**ARC/STSA**

**Faculty Schedule of Responsibilities Form**

Name:

Position: [ ]  Program Director [ ]  Clinical Coordinator [ ]  Didactic/Laboratory/Clinical Faculty

 [ ]  Other: (please specify)

How many hours per week of the instructors time is allotted to the program?       hours

Below, list the individual’s specific teaching and non-teaching assignments as well as the percentage of the total time allotted to the program for each responsibility.

|  |  |
| --- | --- |
| Responsibility | % of Time Allotted to this Responsibility  |
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| TOTAL [The sum of responsibilities should **equal** **100%** of time allotted to the program.] | **100%** |