**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.

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| 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%** |