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| **Faculty Employer Liaisons Report** | | |
| **Instructor Name:** |  | Fiscal Year: 2019 |
| **Program Name:** |  | |

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| **Date of Personal Contact:** | | |  | | | | | FY Quarter #: | |  |
| **Company Name:** | |  | | | | | | | | |
| **Contact Name:** |  | | | | **Title:** | |  | | | |
| Visitation to Employer Site?: | | Y N | | **Company Address:** | |  | | | | |
| *Provide a brief description of the purpose for the contact and the valued gained from this interaction:* | | | | | | | | | | |
| Estimated number of hours connecting with all employers this quarter?:  (including phone calls, emails, meetings, drop-ins, location visits) | | | | | | | | |  | |

\*Faculty are encouraged to spend at least four hours per month working with regional employers

\*\*Faculty are required to make at least four contacts per year (at least one per quarter) with regional employers and at least two of these annual contacts cannot be OAC members. The liaison reports represent the four most impactful contacts and must be submitted to your supervisor quarterly.