Red Rocks Community College
INSTRUCTOR SUPPLEMENTARY SERVICE REIMBURSEMENT

Complete the Supplementary Service Reimbursement form and secure supervisor approval prior to attending selected activity. When training is completed, submit the completed form to Human Resources for signature. Payment will be processed through Faculty Load and Compensation.

Name: Phone:
S# Department:
Org Code to Reimburse: Semester/Year:

☐ PROFESSIONAL DEVELOPMENT: (Org Code #114051) - up to 5 hours per academic year
  (Title) __________________________________________
  How does this development activity relate to what you do at Red Rocks and how will you convey
  the knowledge or skills you have gained from this activity to your colleagues and/or co-workers?

  Date: ___________________________ # of Hours _______ X $24.86 = _______

☐ NEW INSTRUCTOR ORIENTATION (Org Code #112402) - one time, up to 4 hours

  Date: ___________________________ # of Hours _______ X $24.86 = _______

☐ WORKPLACE ANSWERS ONLINE TRAINING (Org Code #114053) - up to 4 hours per academic year

  Date: ___________________________ # of Hours _______ X $24.86 = _______

☐ OTHER (i.e. Departmental Meetings use Dept Org Code): _________________________________________

  Date: ___________________________ # of Hours _______ X $24.86 = _______

Total reimbursement for all services * _______

*Attach any required report/timesheet when assignment is completed.

Payee Signature Date Supervisor Date
Dean/Vice President Date Human Resources Date

If Funding is Grant Related: Business Services Date

HR/PAYROLL USE ONLY POS# : __________________ PAY DATE: __________________

White - HR Yellow - Instructional Services

REV 8/25/15