

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 your Department Program Assistant for FLAC processing.

Name:	Phone:
S#	Department:
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 \$25.00 = _____

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

Date: _____ # of Hours _____ X \$25.00 = _____

☐ **WORKPLACE ANSWERS ONLINE TRAINING (Org Code #114053) -up to 3 hours per 2016-2017 academic year**
(Please print and attach Certificate of Completion for each module required and completed)

Date: _____ # of Hours _____ X \$25.00 = _____

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

Date: _____ # of Hours _____ X \$25.00 = _____

Total reimbursement for all services * _____

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

1. Payee Signature _____ Date _____

2. Facilitator _____ Date _____

3. Dean/Vice President _____ Date _____

4. Human Resources _____ Date _____

If Funding is Grant Related:

Business Services _____ Date _____

HR/PAYROLL USE ONLY POS# : _____ **PAY DATE:** _____