



Where Learning Is For Life

Red Rocks Community College

INSTRUCTOR SUPPLEMENTARY SERVICE REIMBURSEMENT

Secure your supervisor's approval and signature prior to engaging in any professional development activities. Complete the Supplementary Service Reimbursement form prior to attending selected activity. When the activity is complete and you've secured the facilitator's signature, submit the completed form to your Departmental Program Assistant for FLAC processing.

Name:	Semester/Year:
S-Number:	Department:

NEW INSTRUCTOR ORIENTATION (Org Code #112402) -one time, up to 4 hours – Suffix: O

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

**WORKPLACE ANSWERS ONLINE TRAINING (Org Code #114053) – Maximum of 1 hour per module
Dean's signature is not required for Workplace Answers trainings – Suffix: W, X**

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

OTHER (i.e. Departmental Meetings) – Suffix: D, E, F (use Department Org Code): _____

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

**PROFESSIONAL DEVELOPMENT: (Org Code #114051) -up to 5 hours per academic year – Suffix: P, Q
(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 = _____

Total reimbursement for all services * _____

1. Payee Signature Date

2. Facilitator Date

3. Dean/Vice President Date

4. Human Resources Date

POS# : _____ **PAYROLL #:** _____