



# Supplementary Service Assignment

Name \_\_\_\_\_ S# \_\_\_\_\_

Department \_\_\_\_\_

ORG \_\_\_\_\_ Semester & Year \_\_\_\_\_

**ASSESSMENT RELATED WORK**  
 Description \_\_\_\_\_  
 Date(s) \_\_\_\_\_ # of Hours \_\_\_\_\_ x \$16 \$ \_\_\_\_\_

**FACULTY DEVELOPMENT**  
 Title of Activity \_\_\_\_\_  
 Date(s) \_\_\_\_\_ # of Hours \_\_\_\_\_ x \$16 \$ \_\_\_\_\_

**COMMITTEE MEETING**  
 Meeting Attended \_\_\_\_\_  
 Date(s) \_\_\_\_\_ # of Hours \_\_\_\_\_ x \$16 \$ \_\_\_\_\_

**CLASSROOM OBSERVATION** (\$50 per observation, minimum 1 hour of classroom observation; travel & reporting time is included in the \$50 per observation rate)  
 Name(s) of Faculty Observed \_\_\_\_\_ \$ \_\_\_\_\_

**MENTOR PROGRAM** (requires 1 observation & outside of classroom consultation, \$100-\$150 per faculty member)  
 Faculty to be Mentored \_\_\_\_\_ \$ \_\_\_\_\_

**COORDINATOR**  
 Description \_\_\_\_\_  
 Date(s) \_\_\_\_\_ # of Hours \_\_\_\_\_ x \$20 \$ \_\_\_\_\_

**OTHER SERVICE ASSIGNMENT**  
 Service Description \_\_\_\_\_  
 Date(s) \_\_\_\_\_ # of Hours \_\_\_\_\_ x Rate of Pay \$ \_\_\_\_\_ \$ \_\_\_\_\_

*Attach any required reports when assignment is completed*

**Total of All Services** \$ \_\_\_\_\_

Payee Signature \_\_\_\_\_ Date \_\_\_\_\_

Cost Center Administrator \_\_\_\_\_ Date \_\_\_\_\_