



Supplementary Service Assignment

Name _____ S # _____

ORG/FOAP _____ 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 _____