ACTIVITY PROPOSED FOR PROFESSIONAL DEVELOPMENT Stipend Payment Request Form

How to complete and submit this form: Enter your name and division. Select a Proposed Activity and Compensation. Obtain your dean's/director's signature. Submit the form to the Activity Coordinator.

Upon successful completion of the activity, the Activity Coordinator will sign the form, submit the payment request, if

appropriate, and forward this form and proof o	f completion	on to Human Resources.	
Faculty Name:		Full-Time Faculty	
Division:		O Part-Time Faculty	
Proposed Activity and Compensation			
○ Faculty Summer Technology Institute		○ \$150	
○ Instructional Technology Integration		○ No compensation - course audit	
○ Teaching Online at IVCC		Other (please explain below)	
○ Faculty Summer International Institute		··· · · · · · · · · · · · · · · · · ·	
Classroom Research and Instruction			
○ Classroom Assessment Techniques (CATS)			
the student?): Approved by:			
Faculty Signature	Date	Dean/Director Signature Date	
Completion Confirmed by:			
Activity Coordinator Signature	Date		
Date submitted for payment:			