

SUFFOLK COUNTY COMMUNITY COLLEGE
ADJUNCT PERSONNEL SERVICES

ADJUNCT FACULTY OBSERVATION FORM

NAME: _____
SPRING _____
SUMMER _____
FALL _____ SEMESTER _____

DEPARTMENT: _____ COURSE TAUGHT: _____

RECOMMENDATION: (CHECK ONE)

- _____ Promote
- _____ Do Not Promote
- _____ Retain on Seniority List
- _____ Remove from Seniority List
- _____ Other (explain)

(Academic Chair/Assistant Dean/Observer) _____ (Date)

The observation and recommendation have been reviewed and approved by:

(Associate Dean of Faculty/Dean of Faculty) _____ (Date)

Copy mailed to faculty member on: _____

SUFFOLK COUNTY COMMUNITY COLLEGE ADJUNCT FACULTY PROFESSIONAL DEVELOPMENT

EMPLOYEE NAME	SS#	RANK & DISCIPLINE
To be eligible you must have completed 5 semesters of a minimum of 3 credits ea. SEMESTERS/YEAR CREDITS 1 _____ 1 _____ 2 _____ 2 _____ 3 _____ 3 _____ 4 _____ 4 _____ 5 _____ 5 _____		HOME ADDRESS TITLE & LOCATION OF CONFERENCE DATE (S) OF CONFERENCE

ITEM	DESCRIPTION	ESTIMATED COST
TRAVEL	METHOD OF TRAVEL	NO. OF MILES (IF BY CAR)
LODGING	NUMBER OF DAYS	DAILY RATE
MEALS	NUMBER OF DAYS	COST PER DAY
OTHER (ITEMIZE)	REGISTRATION FEE	
	TOLLS	
	PARKING	
	OTHER (SPECIFY)	

TOTAL REIMBURSEMENT WILL NOT EXCEED \$300 IN ANY ACADEMIC YEAR \$

The annual amount of \$20,000 will be awarded to adjuncts on a **first come/first serve** basis according to the date/time stamp on the application by the Office of Adjunct Personnel Services (APS). All requests for reimbursement must be approved **before** the conference starts.

JUSTIFICATION FOR CONFERENCE ATTENDANCE
(ATTACH CONFERENCE INFORMATION MATERIALS)

(1) APPLICANT'S SIGNATURE	DATE	(2) DEAN OF FACULTY/STUDENTS	DATE
(2) ADJUNCT PERSONNEL SERVICES (Approving eligibility/funding)	DATE	APPROVAL #	

FOR CENTRAL BUSINESS OFFICE USE (ONLY)

TOTAL REIMBURSEMENT: \$ _____ APPROPRIATION# _____

REVIEW COMPLETED BY: _____ STAMP HERE WHEN POSTED _____

- INSTRUCTIONS:** MAIL/FAX SIGNED FORM TO THE CAMPUS DEAN OF FACULTY/STUDENTS TO APPROVE THE PROFESSIONAL APPROPRIATENESS OF CONFERENCE/PURPOSES.
- (2) DEAN OF FACULTY/STUDENTS MUST FAX THE FORM TO APS AT FAX # 451-4106.
 - (3) APS WILL VERIFY SEMESTERS, TRACK AVAILABILITY OF FUNDS AND RETURN FORM TO APPLICANT ALONG WITH PAYMENT VOUCHER.
 - (4) UPON COMPLETION OF TRAVEL, APPLICANT WILL SUBMIT THIS FORM WITH BACKUP AND COLLEGE PAYMENT VOUCHER TO THE COLLEGE BUSINESS OFFICE, ROOM 32, NFL BLDG, AMMERMAN CAMPUS.
 - (5) PAYMENT OF UP TO \$300 WILL BE MADE FOR ALLOWABLE COSTS.