

SUFFOLK COUNTY COMMUNITY COLLEGE
ADJUNCT PERSONNEL SERVICES

ADJUNCT FACULTY OBSERVATION FORM

SPRING _____

SUMMER _____

FALL _____ SEMESTER _____

NAME: _____

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:

Copy mailed to faculty member on: _____

SUFFOLK COUNTY COMMUNITY COLLEGE ADJUNCT FACULTY PROFESSIONAL DEVELOPMENT

To be eligible you must have completed 5 semesters of a minimum of 3 credits ea.

SEMESTERS/YEAR	CREDITS
1 _____	1 _____

HOME ADDRESS

TITLE & LOCATION OF CONFERENCE	_____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____

DATE (S) OF CONFERENCE

ITEM	DESCRIPTION	ESTIMATED COST
TRAVEL	METHOD OF TRAVEL	NO. OF MILES

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 expenses must be submitted to the Office of Adjunct Personnel Services.

(ATTACH CONFERENCE INFORMATION MATERIALS)

 (1) APPLICANT'S SIGNATURE

 (2) DEAN OF FACULTY/STUDENTS

 (2) ADJUNCT PERSONNEL SERVICES (Approving eligibility/funding)

DATE

APPROVAL #

FOR CENTRAL BUSINESS OFFICE USE (ONLY)

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 201, THE BEBDS, 1100 UNIVERSITY DRIVE, SUITE 201.
 - (5) PAYMENT OF UP TO \$300 WILL BE MADE FOR ALLOWABLE COSTS.