



# Adjunct Faculty Professional Development Fund Approval Request

## Fund Request Information

Date: \_\_\_\_\_

Professional Development Fund (Complete **A & B** below)

Instructional Support/Social Fund (Complete **A & C** below)

### A. Instructor Contact Information

Name: \_\_\_\_\_ University I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Subject: \_\_\_\_\_ Number: \_\_\_\_\_ Section: \_\_\_\_\_

### B. Professional Development Fund *(Maximum of \$100/academic year)*

Details of the course, conference, meeting, class teaching aid, books, etc. for which funds are requested:

\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Vendor: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Requesting reimbursement after activity or for materials. Original receipt(s) attached. **Total:** \_\_\_\_\_

### C. Instructional Support/Social Fund *(Maximum of \$50/course)*

Details (what): \_\_\_\_\_

Projected Date: \_\_\_\_\_

Location: \_\_\_\_\_

Projected Amount: \_\_\_\_\_

Requesting reimbursement after activity. Original receipt(s) attached. **Total:** \_\_\_\_\_

### Approval Signature (in advance of activity)

\_\_\_\_\_  
*Dr. Patricia Brown, Senior Associate Dean Date*

### Approval Signature (for reimbursement following activity)

\_\_\_\_\_  
*Dr. Ned K. Swartz, Associate Dean Date*

### Processing Steps

1. Form submitted to Senior Associate Dean (Brown) for approval prior to activity.
2. Copy returned to faculty member.
3. Approved form and documentation submitted to Associate Dean (Swartz) for reimbursement following activity.

## Professional and Personal Development Fund

Each faculty member is entitled to request \$100 per academic year from the SCS Professional and Personal Development Fund. The money is to be used to support teaching in the SCS and personal growth and development. The Associate Dean must approve all requests in writing **prior to expenditure of the funds**. Make a written request by submitting this *Adjunct Faculty Professional Development Fund Request Form* with the following information:

1. Provide details of the course, conference, meeting, etc. for which the funds are being requested. Include purpose, dates, location, cost, etc.
2. Indicate relationship of this program to the work you are doing in the SCS and/or your professional growth.
3. Provide documentation of cost. No funds can be disbursed without documentation.
  - a. For money in advance of activity, provide a copy of the completed registration showing the cost of the program/activity.
  - b. For reimbursement after the program/activity/classroom material, provide the receipt(s) for payment.

**Submit request for reimbursement following guidelines of the University and attach this form, with *original receipts*.** Requests for funds will be processed by the SCS through the Accounts Payable Office. Once the check is available, it will be mailed to you or deposited to your account if you have elected this option. Please expect payment to take at least two weeks.

## Instructional Support/Social Fund

For each semester, a faculty member can expend funds for the purposes of social or instructional support. There is a maximum of \$50 per course. Each request must be approved in writing by the Senior Associate Dean **in advance of the activity**. Make a written request to the Senior Associate Dean by submitting an *Adjunct Faculty Professional Development Fund Request* providing the following information:

1. Provide detail of expenditures.
2. Provide information on date, location, cost, etc.
3. Estimate total costs of activity.

**Submit requests for reimbursement following guidelines of the University, and attach this form with *original receipts*.**