

FACULTY OFF-SEMESTER COMMITTEE APPOINTMENTS & SUPPLEMENTAL INSTRUCTIONAL HOURS TIMECARD

aculty me	ember					
Last Name				First Name		
COTC ID Number				Department		
ate	acc with the Agr	oom ont botwoo	on Control Obje	Toobnical Col	logo and the United Feaulty/Co	entral Ohio
	College, AFT/OF		en Central Onic) rechnical Col	lege and the United Faculty/Ce	entrai Onio
faculty m		uthorized by the	e President of t	the College and	XIX.H) d/or Vice President for Academ \$20.00 per hour.	nic Affairs and who
upplemen ay is deter alculated b Nin	rmined by the no below: ne-month faculty	hours must be umber of conta r = 9-month sala	preapproved be ct hours of the ary divided by	by the designat supplemental	ed administrator. The amount instruction multiplied by the hou	
	elve-month facu	lity = 12-month	salary divided	by 2,080		
Purpose of		• •	A 41 7 3 41	, , , ,		
	mester committe		•			
⊔ Supple	emental instruction	onal hours betv	veen terms per	Article XIX.I		
Details (Pl	ease provide sp	ecific details inc	cluding name o	f committee/me	eting, course #, course name, e	etc.):
Hours Wo	orked					
	Time	Time	Total	Rate per	Total Stipend	
Date	Begin	End	Hours*	Hour	(Total Hours x Rate/hour)	Comments
lours shoul	d be listed as tentl	hs of an hour; i.e.	2 hours 15 minus	tes = 2.3 hours	\$	
uthorizin	g Signatures					
confirm tha btaining red	t the hours showr	please forward	to Payroll for pro	cessing. The to	ted for pay purposes during the pe tal stipend amount will be added t	
Faculty Signature		Date		Supervisor Date		
Dean		Date		Vice President fo	r Academic Affairs Date	
		Date		vice i residentilo	i Adadeiilio Alialis Dale	
ffice of Llum	an Resources	Date				