

_____ Community College
AFT Teaching Faculty: Request for \$500 Stipend

Name of Faculty Member:	
Semester:	
Subject / Course No.:	
Course Title:	
CRN:	
Location:	
Miles from College:	
<p>I certify that I am teaching one or more course sections, or have one or more clinical assignments, at a location more than 10 miles from the college and am eligible for payment of the \$500 stipend specified in section 8.3.4 of the collective bargaining agreement between the Federation and the Board of Trustees of Community-Technical Colleges.</p>	
Requested by / Date:	
Signature of Faculty Member / Date	
Approved by / Date:	
Signature of Academic Dean / Date	
Note: Payment should be made as a lump sum payment at the end of the semester.	
For Payroll Use Only:	
<i>Date of paycheck in which payment was made:</i>	