COLLEGE of CHARLESTON

Adjunct Professional Development
Funding Authorization Form

To be completed by the department chair, program director, or coordinator of the development activities. Complete Sections 1-3 and submit form and any supporting documentation to the Associate Provost for Faculty Affairs (Deanna Caveny-Noecker, CavenyD@cofc.edu) at least 1-2 weeks PRIOR to the Adjunct Professional Development. The Faculty Development Coordinator will complete Section 4 and return the form to allow the department/program to proceed with Section 5.

SECTION 1. ADJUNCT PROFESSIONAL DEVELOPMENT ACTIVITY INFORMATION (*REQUIRED*)

Specify the department/program conducting the activity, activity details, contact information for the coordinator/responsible party.

Professional Development for:_____ **From**: _____ **to** _____
DEPARTMENT/PROGRAM NAME START DATE/TERM END DATE/TERM

Proposed Program: *Include a short narrative (100-300 words) about the program and a brief rationale for your department's planned activities **OR** write "See attached" and attach a narrative.*

Receiving Index # (for the transfer of state funds): _____

Coordinator Name:_____ **Phone**:_____ **Email:**_____

Department Chair/Program Director (*REQUIRED*):_____ _____
SIGNATURE DATE

SECTION 2. REQUESTED FUNDS FOR THE PROGRAM (*REQUIRED*)

List each activity and the amount of work to be completed by adjuncts and, if applicable, by roster faculty. Calculate cost for full participation by the maximum number of adjuncts who might participate. Calculate the total state funds requested for your program.

Activity: Date and name/type of each activity	**Adjunct Faculty Funds:** # of Adjuncts x # of Hours worked x $25/hour rate	**Roster Faculty Funds:** Roster Faculty # of Hours Worked & Stipends Associated with Activity *(only if applicable)*	**Maximum Funds Requested for Each Activity:** Adjunct + Roster Faculty Funds for this activity
Activity 1:	_____adjuncts **x** ____ hrs **x** $25/hr rate = $ _____		$_____ +
Activity 2:	_____adjuncts **x** ____ hrs **x** $25/hr rate = $ _____		$_____ +
Activity 3:	_____adjuncts **x** ____ hrs **x** $25/hr rate = $ _____		$_____ +
Activity 4:	_____adjuncts **x** ____ hrs **x** $25/hr rate = $ _____		$_____
TOTAL STATE FUNDS REQUESTED (*add each above activity*) = $_____			

SECTION 3. REQUESTED FUNDS FOR REFRESHMENTS (*IF APPLICABLE*)

Depending on funding availability, refreshment funding from the George E. Sheetz Endowed Fund for Faculty Development (E206, "SHEETZ") may be approved for no more than three activities per semester. Departments may request up to $10 per participant for each activity where you wish to provide refreshments. (e.g., 6 adjuncts and 3 roster faculty would be eligible for $90 for refreshments.)

FUNDS REQUESTED: (*IF APPLICABLE*)

Activity 1:	Number of participants:	x $10 = $_____ +
Activity 2:	Number of participants:	x $10 = $_____ +
Activity 3:	Number of participants:	x $10 = $_____
TOTAL FOUNDATION FUNDS REQUESTED (*add each above activity*) = $_____		

SECTION 4. FUNDING APPROVAL (*TO BE COMPLETED BY ACADEMIC AFFAIRS – FACULTY DEVELOPMENT COORDINATOR*)

*Funding for approved activities will be transferred to department/program **after** the approved activities have been completed and the department has submitted an* Adjunct Professional Development Transfer of Funds Form *and other supporting documentation. If fewer adjuncts participate and/or if activities are cancelled, the amount transferred will be adjusted accordingly.*

State Funds: $_____ AMOUNT APPROVED	**Approved by:** _____ ASSOCIATE PROVOST SIGNATURE	_____ DATE
Foundation Funds: $_____ AMOUNT APPROVED	**Approved by:** _____ ASSOCIATE PROVOST SIGNATURE	_____ DATE

AFTER APPROVAL, ACADEMIC AFFAIRS WILL RETURN THIS FORM THE DEPARTMENT/PROGRAM TO ALLOW THEM TO PROCEED WITH SECTION 5.

SECTION 5. PREPARE PAYMENTS & TRANSFER OF FUNDS FORM (*REQUIRED*)

Route the following forms through the faculty member's 1) department chair/program director, 2) dean, and 3) Academic Affairs. For participating adjuncts who are CofC staff, please also obtain the supervisor's approval/signature as noted below. Within two weeks of the completion of the development activity, also submit an Adjunct Professional Development Transfer of Funds Form.

Type	Form to process pay for these activities
Roster Faculty (regular and visiting)	Request for Additional Pay
Adjunct Faculty*	Temporary Appointment (*Request for Employee Posting/Hiring Authorization* is NOT required.)
Adjuncts Faculty who are also permanent full-time staff members at the College	Request for Additional Pay + Employee Certification Form/Note (*if needed*) - For activities **during their regular work hours**, they need permission from their supervisor to participate and, in accordance with the state's dual employment guidelines, cannot earn additional pay for work done during their normal work hours. - For activities **outside their regular work hours**, the *Request for Additional Pay* form must be reviewed and signed by their supervisor before it is routed to the chair/director, and attach a note or an *Employee Certification Form* stating that the activity is/was conducted outside of their regular work hours. If the staff member's work hours are not standard College work hours, please indicate on the note/form.
Refreshments	Aramark Invoice and Foundation Check Request, enter Foundation Account "SHEETZ – E206" as the source of payment.

***IMPORTANT NOTE:** In accordance with federal regulations, new adjunct faculty members should not participate in any orientation or faculty development activities for which they will be paid unless they have already been verified by Human Resources as eligible to work and are activated as employees in Banner.