



Adjunct Professional Development
Transfer of Funds Form

To be completed by the department chair, program director, or coordinator of the development activities **AFTER** completion of the Adjunct Professional Development to execute the transfer of state funds. An IDT is not required. Please attach a copy of signed Adjunct Professional Development Funding Authorization Form along with documentation of each activity, and submit it the Provost's Office Budget Manager, Beth Murphy, within two weeks of completion of the professional development program.

SECTION 1. ADJUNCT PROFESSIONAL DEVELOPMENT ACTIVITY INFORMATION (REQUIRED)

Specify the name of the department/program, the index, and the requested transfer amount.

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

Receiving Index # (as approved on the Funding Authorization Form): _____

SECTION 2. COMPLETED ADJUNCT PROFESSIONAL DEVELOPMENT ACTIVITIES (REQUIRED)

A. Please attach copy of signed Funding Authorization Form along with documentation of each activity (e.g. a dated and signed attendance roster for a department workshop; a list of dates of meetings held by pairs of faculty who participated in classroom observation, exchange of syllabi; dates of submission of teaching portfolio or final report).

B. Funds for Completed Activities: List each completed activity and the amount of work completed by adjuncts and, if applicable, by roster faculty. Calculate actual cost paid. Calculate the total state funds that need to be transferred. * Total should match Section 2.C. *if this table has exactly the same amounts as the Funding Authorization Form table, you may write "Same as attached."

Activity: Name and date of each completed activity	Adjunct 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)	Total Funds for Each Completed 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 (add each above activity) = \$ _____			

NOTE: Totals in Section 2B and 2C should match.

C. Faculty Payments: List names of all faculty receiving payment for their work **OR** write "see attached" and attach a list with the faculty names, faculty types, and payment amounts.

Name of faculty member	Faculty Type (Roster or Adjunct)	Payment Amount*
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
		\$ _____ +
TOTAL STATE FUNDS (add each above payment) = \$ _____		
<i>NOTE: Totals in Section 2B and 2C should match.</i>		

D. Confirmation: *I confirm that each of these faculty members completed the work as described above and in the attached documentation.*

Department Chair/Program Director: _____
SIGNATURE DATE

SECTION 4. TRANSFER OF FUNDS (TO BE COMPLETED BY ACADEMIC AFFAIRS)

Transfer of State Funds:

Transfer Amount: \$ _____	Approved by: _____	_____
AMOUNT	ACADEMIC AFFAIRS SIGNATURE	DATE
Receiving Index: _____	Date Funds Transferred: _____	
INDEX NUMBER	TRANSFER DATE	

Foundation Funds: *Foundation funding (via Account "SHEETZ – E026") for refreshments that were already approved on the Funding Authorization Form are automatically processed by the Office of Institutional Advancement when Aramark submits the invoice (or when the Foundation Check Request is approved).*