CONTINUING EDUCATION CERTIFICATION AND CALCULATION SHEET



The below stated faculty member is hereby certified as being eligible to receive continuing education compensation in accordance with the STATE SYSTEM OF HIGHER EDUCATION/APSCUF Collective Bargaining Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  | Semester | Year |
|  | Click here to enter text. | Click here to enter text. |
| Faculty Name |  |  |  |
| Click here to enter text. |  |  |  |
| Employee ID Number |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Click here to enter text. | | |  |  | | |  | | | Click here to enter text. |
| Course Number | | |  |  | | |  | | | Credits |
| University Formula for Payment | | | | | | | | | | |
| $ | X | .04167 | | | X |  | | = | $ | |
| Faculty Annual Salary |  |  | | |  | Credits | |  | calculated payment | |

|  |  |
| --- | --- |
|  | Click here to enter text. |
| Auth. Institution Signature | Date |