

Non-Instructional Award Request Form

Employee Name: _____ SFCC ID#: _____

Submission Date: _____ Semester Contract Dates: _____
Department: _____

Employee Category 9 Month Faculty 12 Month Faculty Adjunct
 Stipend Reassigned Time

Number of NIU's Requested _____ @ \$744.00 per unit = \$ _____

(Amount of Payment) NIU Assignment (Explanation of Activity, Project or Initiative):

Approval: _____ Date: _____
 Chair/Director
 _____ Date: _____
 Vice President
 _____ Date: _____
 Human Resources
 _____ Date: _____
 Finance

Explanation of how the NIU award was used and how it benefited the department or program; must be completed one week following the end of the NIU contract period and filed in the employee's personnel file.

Employee's Signature: _____ Date: _____

Date Filed with Human Resources: _____

Chair/Director Approval: _____ Date: _____

Date Filed with Human Resources: _____