

INDIVIDUALIZED INSTRUCTION CERTIFICATION AND CALCULATION SHEET

\_\_\_\_\_  
 East Stroudsburg  
 University Name

\_\_\_\_\_  
 4101-090  
 Campus Code

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

\_\_\_\_\_  
 Last Name                      Initials

\_\_\_\_\_  
 Personnel Number

Fall - \_\_\_\_\_  
 Spring - \_\_\_\_\_  
 Summer - \_\_\_\_\_

Semester    Year  
 (Circle one) (Fill in)

\_\_\_\_\_  
 Individualized Instruction Data

_____ Student's Name (s)	_____ Course Number	_____ Individualized Instruction Workload Hours
-----------------------------	------------------------	---

_____ Student's Name (s)	_____ Course Number	_____ Individualized Instruction Workload Hours
-----------------------------	------------------------	---

_____ Student's Name (s)	_____ Course Number	_____ Individualized Instruction Workload Hours
-----------------------------	------------------------	---

\$200.00	X	_____	=	\$	=	\$ _____
Rate per workload hour		Individualized Instruction Hours				Rounded to Highest Dollar

\_\_\_\_\_  
 Authorized University Signature

\_\_\_\_\_  
 Date