

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