

KILGORE COLLEGE
REQUEST FOR NON-REGULAR INSTRUCTIONAL SALARY PAYMENTS
 (Extra Pay, Short Courses, etc.)

Semester

Year

Instructor: _____

Last

First

MI

Social Security Number

Course Title

Number/Section

Time/Days Offered

Duration of Course (Weeks/Days)

Location

Beginning Class Date

Ending Class Date

Total Number of Class Hours

Number of Students Enrolled

Total Tuition/Fees Collected

Course Expenditures

Beginning Instruction Date

Ending Instruction Date

Rate of Pay: _____ X _____ = \$ _____

Comments/Additional Information:

Requested By _____

Signature of Requesting Official

Date Submitted

Authorization for Payment:

Salary Authorize _____

Budget Number: _____

Signature of Administrative Dean

Pay Schedule: _____ \$ _____

Month Amount

Date

Month \$ Amount

Month \$ Amount

Human Resources: _____

Month \$ Amount