MC MONTGOMERY COLLEGE

Part-Time Faculty Professional Development Assistance Program

EMPLOYEE INFORMATION

Last Name:_____First Name:_____MC ID: M_____

Date of Hire:_____Campus:____RV____GT____TP/SS__ Job Title:_____

Number of ESH: _____ (*9 ESH in 2 academic years is required*)

COURSE INFORMATION

Activity/Event: _____ begin date:_____ end date:_____

Related Expense Amount: _____ MC Credit Course Tuition: _____

Please indicate the professional development activity and the relevance to your discipline or teaching responsibilities:

REIMBURSEMENT REQUIREMENTS - Please note that receipts must meet the following criteria to be accepted as proof of payment:

1. The receipt must be original, must be printed on the organization's letter head and must show ***form of payment (i.e. cash, check or charge)***. If a receipt is not available, a confirmation email from the organization with the above information will suffice.

2. If you pay for courses or course materials online, the electronic confirmation of payment may be submitted, but it must show the amount paid and ***form of payment***.

3. If neither of the above is available, a copy of the cancelled check (**front and back**), a credit card receipt, or a credit card statement showing the charge may be submitted. If you submit a credit card statement, **please be sure that your name is printed on the page that you submit; otherwise, it will not be accepted.**

4. Handwritten, generic or copied receipts will no longer be accepted as proof of payment.

5. Payment of tuition for Montgomery College credit courses will be credited to your student account. If the tuition exceeds the balance of available funds, **you are responsible for paying the balance due**.

Payments for requests missing required documentation will be delayed.

APPROVAL

_____
Employee Signature

_____
Chair's Signature   **Approved**   **Not Approved**

_____
VP of HRSTM Signature   **Approved**   **Not Approved**

Revised – December 2020