

Gateway Community College
Request for \$500 Travel Stipend

Name of Employee:	
Semester: / Dates:	
Subject / Course No.:	
Course Title:	
CRN:	
Location:	
Miles from College:	
<p>I certify that I am teaching one or more course sections; or have one or more clinical assignments; or have been assigned to perform administrator job functions at a location more than 10 miles from the college and am eligible for payment of the \$500 stipend authorized through collective bargaining between the AFT, 4C's, AFSCME, CSCU and the Board of Regents.</p>	
Requested by / Date:	
Signature of Employee / Date	
Approved by / Date:	
Signature of approving Supervisor or Dean / Date	
Note: Payment should be made as a lump sum payment at the end of the semester or term.	
For Payroll Use Only:	
<i>Date of paycheck in which payment was made:</i>	