

**Naugatuck Valley Community College**  
**Teaching Faculty: Request for \$500 Stipend**

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| <b>Name of Faculty Member:</b>   |  |
| <b>Semester:</b>   |  |
| <b>Subject / Course No.:</b>   |  |
| <b>Course Title:</b>   |  |
| <b>CRN:</b>  |  |
| <b>Location:</b>   |  |
| <b>Miles from College:</b>   |  |
| <p>I certify that I am teaching one or more course sections, or have one or more clinical assignments, at a location more than 10 miles from the college and am eligible for payment of the <b>\$500</b> stipend specified in section 8.3.4 of the collective bargaining agreement between the Federation and the Board of Trustees of Community-Technical Colleges.</p> |  |
| <b>Requested by / Date:</b>  |  |
| Signature of Faculty Member / Date   |  |
| <b>Approved by / Date:</b>   |  |
| Signature of Academic Dean / Date  |  |
| <b>Note: Payment should be made as a lump sum payment at the end of the semester.</b>  |  |
| <b>For Payroll Use Only:</b>   |  |
| <i>Date of paycheck in which payment was made:</i>   |  |