



**INDIVIDUALIZED INSTRUCTION
CERTIFICATION AND CALCULATION SHEET**

Slippery Rock University

090-3-210-6601-1

University Name

Campus Code

The below stated faculty 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

Semester (Circle One)	Year (Fill In)
Fall	
Spring	
Summer	

Individualized Instruction Data

Student Name(s)

Course Number

*Individualized
Instruction Workload Hours*

\$158.62 x _____ = \$ _____ = \$ _____

Rate per Workload hour

*Individualized
Instruction Hours*

*Rounded to
Highest Dollar*

Faculty Member's Signature

Chairperson's Signature



Dean's Signature

Vice President's Signature