

# Atlantic Cape Community College

## Faculty Observer Payment Form

*Payment form is to be used for observations of traditional, remote, or online courses. A copy of the completed observation reports must be attached. Payment requests must be submitted within thirty (30) days of the observation to ensure payment.*

**Faculty Observer's Name:**

**C.W.I.D #:**

Faculty Name	Date(s) Observed:

Date Form Submitted:

Amount (\$150 per observation) \$

Observer's Signature:

Signature of Department Chair/Director/Dean:

Date: