

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.

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: