WESTERN KENTUCKY UNIVERSITY
Extended Campus Program Instruction

Instructor Name: _____ Semester Taught: _____
SSN# :_____
Course Name & Title: _____ Location: _____
Class schedule time (begin & end) and day: _____

Dates of Trips
No. of trips _____ x $20 = _____

SIGNATURE: _____ Date: _____

Director's Signature: _____ Date:_____

1. Full-time faculty who teach an Extended Campus course requiring at least five hours trip time (travel and teaching) away from the main campus and resulting in return time after 7:00 p.m. will receive evening meal compensation credited to your unique Faculty Development account.

2. Trip time for the Extended Campus locations is estimated as follows:

Glasgow	2.0 travel	+	3.0 teaching	=	5.0 trip time
Owensboro	3.0 travel	+	3.0 teaching	=	6.0 trip time
Elizabethtown	3.0 travel	+	3.0 teaching	=	6.0 trip time
Fort Knox	4.0 travel	+	3.0 teaching	=	7.0 trip time

   (For classes at other locations, trip time will be established on an individual basis.)

3. Submit one form per course within 10 days of the end of the semester to the appropriate Extended Campus location.

For Office Use Only:

FORM EC20 Faculty Development Account No.:_____